

OB Simulation Patient Preparation Worksheet

This section is to be completed prior to Sim Day 1:

Student Name: Edward Rodriguez Admit Date: _____
 Patient initials: A.J G 2 P 1 AB O L I M 0 EDD: 3/27/18 Gest. Age: 39w
 Blood Type/Rh: O+ Rubella Status: Immune GBS status: Positive
 Obstetrical reason for admission: 39w pregnancy with SRAM at
 Complication with this or previous pregnancies: Current pregnancy complicated by Group B strep positive
 Chronic health conditions: Hx of Asthma
 Allergies: Penicillin
 Priority Body System(s) to Assess: Maternal-fetal, Respiratory, Cardiovascular

Pathophysiology

Interpreting clinical data collected, what is the primary/current medical/obstetrical problem?

State the pathophysiology of this problem in your own words.

Group Streptococcus is a bacteria that can be passed from the mother to the baby during labor, increasing the risk of infection.

Medical/Obstetrical Problem	Pathophysiology of Medical/Obstetrical Problem
<u>Group B streptococcus colonization during labor</u>	<u>Group B streptococcus is a bacteria that normally lives in the vaginal or rectal area. After membrane rupture, the bacteria can move upward and infect the uterus or be passed to the baby during birth.</u>
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
<u>Exposure to GBS during labor and delivery</u>	<u>If the baby is exposed to GBS during birth, the bacteria can enter the bloodstream and cause serious infections such as sepsis.</u>

Problem Recognition

To prevent a complication based on the primary medical problem, answer each question in the table below.

Question	Most Likely Maternal Complication	Worst Possible Maternal Complication	Most Likely Fetal/Newborn Complication	Worst Possible Fetal/Neonatal Complication
Identify the most likely and worst possible complications.	<u>Chorioamnionitis</u>	<u>Maternal Sepsis</u>	<u>Early onset neonatal GBS infection</u>	<u>Neonatal sepsis, meningitis, or death</u>
What interventions can prevent them from developing?	<u>Administer IV antibiotics, monitor maternal temp and HR, limit vaginal exam after ROM</u>	<u>Early recognition of infection signs, prompt antibiotic therapy, IV fluid support as needed</u>	<u>Adequate infection, continuous FHR monitoring</u>	<u>Neonatal sepsis, other signs, maternal vital signs and behavior closely</u>
What clinical data/assessments are needed to identify complications early?	<u>Maternal temp, uterine tenderness, Foul smelling amniotic fluid</u>	<u>Persistent fever, hypotension or tachycardia, Altered mental status</u>	<u>Fetal tachycardia, Decreased variability</u>	<u>Respiratory distress, poor feeding or lethargy, Abnormal newborn VS</u>
What nursing interventions will the nurse implement if the anticipated complication develops?	<u>Notify provider, continue antibiotics, increase monitoring frequency</u>	<u>Activate rapid response if indicated, IV fluids and O2</u>	<u>Continue fetal monitoring, communicate findings to provider and GBS team</u>	<u>Neonatal resuscitation if needed, Notify provider</u>

Surgery or Invasive Procedures –

Describe the procedure in your own words.

Procedure

Surgery/Procedures Problem Recognition –

To prevent a complication based on the procedure, answer each question in the table below.

Question	Most Likely Maternal Complication	Worst Possible Maternal Complication	Most Likely Fetal/ Newborn Complication	Worst Possible Fetal/ Neonatal Complication
Identify the most likely and worst possible complications.				
What interventions can prevent them from developing?				
What clinical data/assessments are needed to identify complications early?				
What nursing interventions will the nurse implement if the anticipated complication develops?				

Pharmacology

New drugs ordered during scenario must be added before student leaves the simulation center for the day.

Medications	Pharm. Class	Mechanism of Action in OWN WORDS	Common Side Effects	Assessments/Nursing Responsibilities
Cefazolin	Cephalosporin Antibiotic	Kills bacteria by stopping them from forming protective cell walls	Nausea, diarrhea, rash	Monitor for allergic reactions Give on schedule until delivers Assess maternal and fetal response
Clindamycin	lincosamide Antibiotic	Stops bacteria from making proteins they need to grow	GI upset, diarrhea	Confirm allergy history, Monitor for GI intolerance, Ensure timely dosing
Oxytocin	Oxytocic hormone	Stimulates uterine contractions to progress labor	uterine tachysystole, fetal distress	Monitor contraction pattern, continuous FHR monitoring, Decrease or stop if non-reassuring FHR occurs
Meprobamate	opioid analgesic	Blocks pain signals in the brain	Sedation, nausea, respiratory depression	Assess Pain and respiratory status, Monitor FHR, Hold if RR is low
Pronethalolol	Anti emetic anti histamine	Blocks histamine and dopamine to reduce nausea	Drowsiness, dizziness	Monitor level of sedation Assess BP
Terbuthalolol	Beta-2 adrenergic agonist	Relaxes uterine muscles to decrease contractions	Maternal tachycardia, tremors	Monitor maternal HR and BP, continuous fetal monitoring
Epinephrine	Adrenergic agent	Opens airways and increases blood pressure during allergic reaction	Tachycardia, anxiety	compare vs monitoring, Precaution for anxiety, Suspect notify provider

Nursing Management of Care

After interpreting clinical data collected, identify the nursing priority goal for your shift and three priority interventions specific for your patient's possible complications (listed on page one). For each intervention write the rationale and expected outcome.

Nursing Priority	Prevent maternal and neonatal infection	
Goal/Outcome	Mother remains afebrile and newborn shows no signs of GBS infection	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Administer IV antibiotics	1. Reduce transmission of GBS to the newborn	1. Decreased risk of neonatal infection
2. Monitor maternal temperature and fetal heart rate	2. Fetal fetal tachycardia are early signs of infection	2. Early identification of complications
3. Provide patient education on antibiotics	3. Increase understanding and cooperation	3. Patient understands importance of treatment

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	12.5	Can indicate stress of labor or infection
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
Elevated WBC		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
Stable	Clear	Alert and oriented	No distress	Clear fluid leaking	Intact	Stable, afebrile	Continuous fetal monitoring