Maurine Church Coburn School of Nursing

OB Simulation Worksheet

Labor Delivery

RN Assigned:

Room:
Pt:
Dx:
Dr:
Allergies:
Gr:
Para:
Weeks Gestation:

Cervix:
Dilation _____ cm
Effacement _____ %
GBS _____
Station: _____

Stage of Labor:

I: Early _____

Active _____

Transition _____

II: _____

III: _____

IV: _____

Type of Delivery _____
_____
Complications: _____

Diet: _____

Activity:
(position in bed) _____

Respiratory Rx: _____
_____
Treatments: _____

Report Off ☐

Vital signs

Time: _____
T: _____
P: _____
R: _____
B.P. _____
Pain: _____
Graphed ☐

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T: _____
P: _____
R: _____
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Graphed ☐

Medications

_____
_____
_____
_____
_____
_____
_____

Blood Type: _____
VDRL: _____
Rubella: _____
PPD: _____
I.V. Fluid: _____
Rate: _____
Sups: _____
I & O: _____
Stool: _____

Fetal Heart
Monitor Patterns:
_____
_____
_____

Foley:
_____
Tubes:
_____

Lab Work/Specimens

H & H: _____
Labs:
_____
_____
_____
_____
_____
_____

Assessments

Membranes ROM _____ or Intact _____
Contractions: _____
LOC: _____
HA: _____
Vision Changes _____
Lungs: _____
Heart: _____
Breast: _____
Abdoment: _____
Bowel Sounds: _____
Fundus: _____
Perineum: _____
Lochia: _____
Homan's Sign: _____
Peripheral Pulses: _____
DTRs: _____
Clonus: _____
Edema: _____
Well Being: _____
Support Person: _____

Date Baby Born: _____

Time: _____ Gest. Age: _____
Weight: _____ Length: _____
APGAR: _____ 1min: _____ 5min
Feeding: _____ Med: _____ Void:

Complications:
_____
_____