

Student Name: _____

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials:				Date of Admission:				
EDD:	Gest. Age	G	P	T	PT	AB	L	M
Blood Type / Rh:		Rubella Status:			GBS Status:			
Complication with this or Previous Pregnancies:								
Chronic Health Conditions:								
Allergies:								
Current Medications:								
Patient Reported Concern Requiring Outpatient Evaluation:								
What PRIORITY assessment do you plan based on the patient's reported concern?								

Pharmacology

Review patient home medications and any drug(s) ordered for the outpatient.

Medications	Pharm. Class	Mechanism of Action in OWN WORDS	Common Side Effects	Assessments/Nursing Responsibilities

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Pathophysiology

Interpreting clinical data - state the pathophysiology of the reported problem in your own words.

Make sure to include both the maternal and fetal implications

Medical/Obstetrical Problem	Pathophysiology of Medical/Obstetrical Problem
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications

Problem Recognition

Based on the patient's reported concern, answer each question in the table below.

Question	Most Likely Maternal Complication	Worst Possible Maternal Complication	Most Likely Fetal/Complication	Worst Possible Fetal/Complication
Identify the most likely and worst possible complications.				
What assessments are needed to identify complications early?				
What nursing interventions will the nurse implement if the complication develops?				

Nursing Management of Care

Identify the nursing priority after interpreting clinical data collected for this outpatient evaluation.

List three priority nursing assessment/interventions specific to the patient concern. Include a rational and expected outcome for each.

Nursing Priority			
Goal/Outcome			
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1.	1.	1.	
2.	2.	2.	
3.	3.	3.	

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Additional Nurses Notes:

Procedure Notes:

Circle Procedure Performed: **Amino** **BPP** **NST** **CST** **US** **Labor Eval**
SROM Eval. **Version**

Documentation for Invasive Procedure:

V/S prior to procedure @ _____ T _____ B/P _____ P _____ R _____ FHR _____

Consent (if required) verified prior to procedure **Yes** **No**

Provider arrived @ _____

Timeout @ _____ prior to procedure by _____ MD
_____ RN

Procedure started @ _____

Procedure performed by _____ MD

Ultrasound by provided confirm:

1. **Amniotic pocket - Amniotic fluid** _____ ml obtained by provider specimen sent to lab @ _____
2. **Fetal position**
 - o **Position** _____ **verified prior to version** @ _____
 - o **Position** _____ **verified after version** @ _____

Additional Notes is needed:

Procedure ended @ _____
_____ RN

Nurses Signature:

Student Name: _____

Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none">Name/ageG P T PT AB L M EDB / / Est. Gest. Wks. :Reason for admission
Background
<ul style="list-style-type: none">Primary problem/diagnosisMost important obstetrical historyMost important past medical historyMost important background data
Assessment
<ul style="list-style-type: none">Most important clinical data:<ul style="list-style-type: none">Vital signsAssessmentDiagnostics/lab values<i>Trend</i> of most important clinical data (stable - increasing/decreasing)Patient/Family birthing plan?How have you advanced the plan of care?Patient responseStatus (stable/unstable/worsening)
Recommendation
<ul style="list-style-type: none">Suggestions for plan of care

O2 therapy _____

IV site _____ IV Maintenance _____

Pain Score _____ Treatment _____

Medications Given _____

Fall Risk/Safety _____

Diet _____

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes: