

Student Name: Shayla-Marie Brown

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: CW			Date of Admission: 09/23/2024					
EDD:08/10/2024	Gest. Age 37 weeks	G 3	P 0	T 2	PT 0	AB 0	L 1	M 0
Blood Type / Rh: O NEGATIVE		Rubella Status: IMMUNE			GBS Status:NEGATIVE			
Complication with this or Previous Pregnancies: PREVIOUS STILLBIRTH AND PREGNANCY INDUCED HYPERTENSION. PREVIOUS AND CURRENT PREECLAMPSIA. CURRENT GESTATIONAL DIABETES.								
Chronic Health Conditions: DEPRESSION								
Allergies: MORPHINE								
Current Medications: PRENATAL VITAMINS AND INSULIN (NOVOLOG)								
Patient Reported Concern Requiring Outpatient Evaluation: DECREASED FETAL MOVEMENT								
What PRIORITY assessment do you plan based on the patient's reported concern? FETAL HEART RATE MONITORING								

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
PRENATAL VITAMIN + DHA	VITAMINS	HELPS MAINTAIN IMPORTANT VITAMIN REQUIREMENTS DURING PREGNANCY	STOMACH PAIN, LOSS OF APPETITE, CONSTIPATION	MONITOR BLOOD LEVELS IN PATIENT TO ENSURE NO ACCIDENTAL EXCESS VITAMINS
NOVOLOG	INSULIN	INTERACTS WITH PANCREAS TO LOWER BLOOD GLUCOSE	NAUSEA/VOMITING, INJECTION SITE REACTION, AND HEADACHE.	OBSERVE FOR SIGNS OF HYPOGLYCEMIA

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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.	SUCCESSFUL LABOR	COMPLICATED OR DANGEROUS LABOR	SUCCESSFUL LABOR	DEATH
What assessments are needed to identify complications early?	CONTINUOUS MATERNAL AND FETAL MONITORING	MISSING CRUCIAL SIGNS IN MONITORING, FETAL DEATH, MATERNAL INJURY	QUICK INTERVENTIONS FOR SIGNS OF DETERIORATION	DEATH
What nursing interventions will the nurse implement if the complication develops?	CONTINUOUS MATERNAL AND FETAL MONITORING	MISSING CRUCIAL SIGNS MONITORING, FETAL DEATH, MATERNAL INJURY	PREVENTION OF CRUCIAL EVENTS AND/OR QUICK INTERVENTIONS INVENT OF DETERIORATION	DEATH

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	fetal and maternal well-being		
Goal/Outcome	facilitate safe and effective labor and delivery while closely monitoring for and addressing any signs of fetal distress or maternal complications		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	

<p>1.FETAL HEART RATE</p>	<p>1..Continuous Or Frequent monitoring of the fetal heart rate using external or internal monitors to assess for any signs of fetal distress,such as bradycardia, tachycardia,or decelerations, which could indicate compromised fetal oxygenation</p>	<p>1..FHR remains within the normal range of 110-160 beats per minute.There Should Be moderate variability,no prolonged decelerations,and the presence of accelerations, indicating good fetal oxygenation and well-being.</p>
<p>2. MATERNAL VITAL SIGNS MONITORING</p>	<p>2.Maternal blood pressure remains stable, pulse is within a normal range, temperature is normal, and oxygen saturation is 95% or higher. No signs of infection, preeclampsia, or other maternal complications should be present.</p>	<p>2..Maternal Blood Pressure remains stable,pulses within normal range, temperature is normal,and oxygen saturation is 95%or higher.No Signs Of infection,preeclampsia,or other maternal complications should be present</p>
<p>3.UTERINE ACTIVITY AND CERVICAL PROGRESS</p>	<p>3.Regular and effective uterine contractions occur, with cervical dilation progressing at least 1 cm per hour in active labor. The cervix should efface and dilate steadily, indicating the induction is effective and labor is progressing without uterine hyperstimulation or arrest of labor.</p>	<p>3.Regular And Effective Uterine contractions occur,with cervical dilation progressing.The Cervix should efface and dilate steadily, indicating the induction is effective and labor is progressing without uterine hyperstimulation or complications</p>

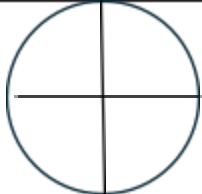
Outpatient Evaluation Orders

1. Admit as Outpatient to the OB Triage assessment center
2. Vital signs on admission as needed
3. Fetal Heart Monitor obtain 20-30 minute strip to evaluate fetal status
4. Non-Reassuring Fetal Heart Rate Patterns implement Intrauterine resuscitation and notify provider
5. Monitor uterine activity to evaluate for labor status
6. Cervical exam if no active bleeding or history of placent previa to determine Labor or SROM (no nitrazine test prior to use of lubricant)
7. Notify provided of evaluation for admission or discharge orders

Physician Signature: Baby Delivery, MD

Date &Time: Today @ 0600

This Section is to be completed in the Sim center- do not complete before!

<p>Fetal Assessment:</p> <p>Position determined by Leopolds _____</p> <p>Place an X in the circle to document point or maximum impulse for FHR</p>	
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Time	Temp	B/P	P	R	Uterine Activity Freq / Dur. / Str.	Dil. / Efa. / PP / Stat cm / % / /	FHR /Var. /Acel. / Decl.	Pain	Comments

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:

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

Additional Notes is needed:

Procedure ended @ _____

Nurses Signature: _____ **RN**

Physician Signature _____ **MD**

Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> Name/age G P T PT AB L M EDB / / Est. Gest. Wks.: Reason for admission
Background
<ul style="list-style-type: none"> Primary problem/diagnosis Most important obstetrical history Most important past medical history Most important background data
Assessment
<ul style="list-style-type: none"> Most important clinical data: <ul style="list-style-type: none"> Vital signs Assessment Diagnostics/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 response Status (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: