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Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: S R				Date of Admission:4/28/XX				
EDD: 12/08/XX	Gest. Age 36 wks	G 1	P 0	T	PT	AB	L	M
Blood Type / Rh:		Rubella Status: immune			GBS Status: negative			
Complication with this or Previous Pregnancies: Breech at 34 weeks this pregnancy								
Chronic Health Conditions:								
Allergies:								
NKDA								
Current Medications:								
PNV Tylenol Sudafed								
Patient Reported Concern Requiring Outpatient Evaluation: Fearful of having c section								
What PRIORITY assessment do you plan based on the patient's reported concern?								
Encourage patient to express feelings								

## 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
PNV	Iron product	treat or prevent vitamin deficiency before, during, and after pregnancy	Constipation, diarrhea, or upset stomach	taken on an empty stomach 1 hour before or 2 hours after meals. Take with a full glass of water
tylenol	analgesic	Headache and pain relief	nausea, vomiting, constipation	monitoring for any signs of adverse effects or toxicity related to acetaminophen
Sudafed	Nasal decongestant	Relieve nasal or sinus congestion	insomnia, headache, and anxiety or restlessness	blood pressure and your heart rate
Terbutaline	Beta 2 adrenergic agonist	Stops contractions up to 48-72 hrs	Extra heartbeat; feeling faint, dizzy	Watch for signs of paradoxical bronchospasm (wheezing, cough, dyspnea, tightness in chest and

throat), especially at higher or excessive doses
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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
Fear of delivery	Phobias are more often than not linked to the amygdala, an area of the brain located behind the pituitary gland in the limbic system. amygdala secretes hormones that control fear and aggression, and aids in the interpretation of this emotion in the facial expressions of others
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Breech	fetus is positioned with its buttocks or feet closest to the cervix, rather than its head

## 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.	Mild or moderate discomfort during the procedure is common	the need for an emergency C-section	temporary changes to the baby's heart rate	umbilical cord prolapse
What assessments are needed to identify complications early?	keep asking you whether patient can bear the pain	Premature rupture of the membranes. Placental abruption. Preterm labor	FHM	Vaginal exam/ fingers palpate for loop of cord, hold presenting part off cord
What nursing interventions will the nurse implement if the complication develops?	your doctor may: Give you medication, Provide an epidural, and Use uterine muscle relaxants	providing pain relief measures, promoting deep breathing and coughing exercises to prevent complications, administering prescribed medications, assessing and managing incision site complications, and providing emotional support	The obstetrician applies gentle pressure to the mother's abdomen to turn the baby, while the CTG continues to monitor the baby's heart rate Ultrasound: An ultrasound may be performed to check the baby's position is continued if the mother is experiencing excessive discomfort, repeated failure, or evidence of fetal compromise	Priority is Prompt Delivery by C-section Call for assistance Perform IUR (LL, Stop Oxytocin, Fluid Bolus, O2) Large-bore IV inserted (18 g) Consider terbutaline SQ to decrease contractions Notify team - (Provider, OR tech, Anesthesiology, NICU/NSY) Insert catheter - fill the bladder with 500 ml warmed sterile NS Place patient on

			side, in knee-chest or Trendelenburg position Continue holding presenting part off cord until the fetus born Emotional support and education for patient/family
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## Nursing Management of Care

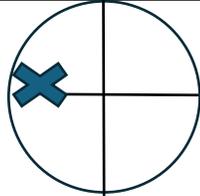
Identify the nursing priority after interpreting clinical data collected for this outpatient evaluation. List three priority nursing assessment/interventions specific to the patient concern. Include a rational and expected outcome for each.

<b>Nursing Priority</b>	Turn baby safely		
<b>Goal/Outcome</b>	Patient discharged home		
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>	
1. Obtain Informed Consent for External Version	1. confirm your health history, including any medications, allergies or previous illnesses, as well as other medical history	1. signed consent	
2. Place 18g IV Lactate Ringers 1000 ml, run at 125ml/hr Administer Terbutaline 0.25 mg SQ 15 minutes prior to External Version	2. access for quick rehydration or blood products agent that can be used to increase the success rate of external cephalic version	2. successful rotation	
3. Monitor maternal V/S, uterine activity, and FHR q 15 minutes during and following procedure	3. baby heart rate temporarily accelerate because of procedure	3. fetal heart rate go back to desired range	

## 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

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

<p>Fetal Assessment: Leopolds</p> <p>Position determined by Leopolds <u>full breech</u></p> <p>Place an <b>X</b> 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
initial	wnl	wnl	wnl	wnl	None observed	Full breech	wnl	0	
Q15	wnl	wnl	elevated	wnl	Not observed		acel		Elevated heart rates for baby and mom due to terbutline
After procedure	wnl	wnl	elevated	enl	Not observed	External version	wnl		Both heart rates back to baseline

<b>Additional Nurses Notes:</b>

**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 \_\_full breech verified prior to version @ \_\_\_\_\_
  - o Position \_\_\_ verified after version @ \_\_\_\_\_

**Additional Notes is needed:**

**Procedure ended @ \_\_\_\_\_  
\_\_\_\_\_RN**

**Nurses Signature:**



## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> <li>Name/age</li> <li>G1 P0 T PT AB L M EDB / / Est. Gest. Wks. :</li> <li>Reason for admission</li> </ul>
Background
<ul style="list-style-type: none"> <li>Primary problem/diagnosis fear, anxiety</li> <li>Most important obstetrical history first baby</li> <li>Most important past medical history no previous surgeries or procedures</li> <li>Most important background data breech of infant</li> </ul>
Assessment
<ul style="list-style-type: none"> <li>Most important clinical data:                             <ul style="list-style-type: none"> <li>Vital signs HR</li> <li>Assessment Leopolds</li> <li>Diagnostics/lab values increasing maternal and fetal HR</li> </ul> <i>Trend</i> of most important clinical data (stable - increasing/decreasing)                         </li> <li>Patient/Family birthing plan?</li> <li>How have you advanced the plan of care? turning breeched baby</li> <li>Patient response happy with outcome</li> <li>Status (stable/unstable/worsening) stable</li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>Suggestions for plan of care</li> <li>Return to home watch for ROM bleeding decreased uterine activity</li> </ul>

O2 therapy: none \_\_\_\_\_

IV site \_\_\_ L AC \_\_\_ IV Maintenance: LR \_\_\_

Pain Score 0 Treatment \_\_\_\_\_

Medications Given: terbutaline

Fall Risk/Safety \_\_\_\_\_

Diet \_\_\_\_\_

Last Void \_\_\_\_\_ Last BM \_\_\_\_\_

Intake \_\_\_\_\_ Output: \_\_\_\_\_

### Notes: