

Student Name: Chantal Navarrete

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>SR</u>				Date of Admission: <u>10/22/24</u>				
EDD: <u>12/08</u>	Gest. Age: <u>36 wks</u>	G: <u>1</u>	P: <u>0</u>	T: <u></u>	PT: <u></u>	AB: <u></u>	L: <u></u>	M: <u></u>
Blood Type / Rh: <u>O+</u>		Rubella Status: <u>immune</u>			GBS Status: <u>neg(-)</u>			
Complication with this or Previous Pregnancies: <u>Denies complications</u>								
Chronic Health Conditions: <u>N/A</u>								
Allergies: <u>NKDA</u>								
Current Medications: <u>prenatal vitamins, tylenol, suda fed</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>Infant breech at 35 wks (external version)</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Leopolds, fetal heart rate</u>								

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
<u>Lactated Ringers</u>	<u>IV fluid hydration</u>	<u>Replenishes fluid & electrolytes</u>	<u>possible IV extravasation</u>	<u>Assess IV site Monitor fluid & electrolytes Monitor for fluid overload</u>
<u>Tenbutaline</u>	<u>tocolytic agent</u>	<u>Used to delay or stop contractions during pregnancy</u>	<u>HR, pulmonary edema, cardiac arrhythmias</u>	<u>monitor maternal VS monitor fetal heart rate</u>
<u>Tylenol</u>	<u>analgesic antipyretic</u>	<u>used to reduce fever & relieve minor pain</u>	<u>NIU Constipation</u>	<u>Assess pain Assess temp</u>
<u>Suda Fed</u>	<u>decongestant</u>	<u>used to treat nasal congestion by shrinking blood vessels</u>	<u>trouble sleeping restlessness nervousness</u>	<u>monitor VS Monitor heart rate</u>

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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
infant breech	Breech occurs when fetus is positioned with its bottom & feet emerging pelvis first.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
umbilical cord complications	The umbilical cord can flatten or twist which can cut off oxygen to the baby.

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.	Vaginal injury - hematoma, laceration, blood loss	uterine rupture that causes severe blood loss	Babies arms or legs can be dislocated or arms	Baby can get stuck in birth canal which can cause injury or death.
What assessments are needed to identify complications early?	Perineal Assessment Monitor VLS	Perineal assess vaginal exam Monitor for bleeding	Leopolds Maneuver Ultrasound	Leopolds maneuver ultrasound
What nursing interventions will the nurse implement if the complication develops?	Pain management Meds for uterus Contraction Monitor for infection/penicare	Monitor for VS Meds for uterus contractions perform penicare	Continuous fetal monitoring Recommending c-section	continuous fetal monitoring Recommending c-section

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	Monitoring maternal/fetus distress		
Goal/Outcome	Prevent preterm labor & providing mom & baby comfort		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Continuous fetal heart monitoring	1. To make sure baby is responding well to external version.	1. maintain fetal baseline & avoid complications	
2. Admin electrolytes & IV fluids	2. Prevent contractions & preterm labor.	2. successfully perform version w/o discomfort & contractions	
3. Monitor maternal vital signs	3. Make sure mom is stable & not contracting	3. mothers condition does not change & receives treatment well	
4. Leopolds	Find where baby is laying & position	May be able to correctly put baby into cephalic & monitor their heart rate	

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Additional Nurses Notes:

Give terbutaline 0.25 mg SA in right upper arm

Procedure Notes:

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

Documentation for Invasive Procedure:

V/S prior to procedure @ 1040 T _____ B/P 131/89 P 72 R _____ FHR _____

Consent (if required) verified prior to procedure Yes No

Provider arrived @ 1040

Timeout @ 1045 prior to procedure by Parker MD Chantal RN

Procedure started @ 1040

Procedure performed by Parker MD

Ultrasound by provided confirm:

1. Amniotic pocket - Amniotic fluid _____ ml obtained by provider specimen sent to lab @ _____

2. Fetal position

- o Position BSA verified prior to version @ 1045
- o Position ROP verified after version @ ROP

Additional Notes is needed:

Procedure ended @ 1100

Nurses Signature: Chantal RN

Physician Signature _____ MD

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Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none">Name/age <u>Sarah Rogers 123410</u> NKDAG I P O T O P T O A B O L O M O E D B <u>9/15/</u> Est. Gest. Wks.: <u>36 wks</u>Reason for admission <u>infant breech - external version</u>
Background
<ul style="list-style-type: none">Primary problem/diagnosis <u>infant breech at 36 wks (unchanged)</u>Most important obstetrical history <u>infant breech at 35 wks</u>Most 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 signs <u>BP 131/89 PTA</u>Assessment <u>Assessed mom & baby, monitored baby 1 hour after version</u>Diagnostics/lab valuesTrend of most important clinical data (stable - increasing/decreasing) <u>stable FHR</u>Patient/Family birthing plan?How have you advanced the plan of care? <u>patient now candidate for vaginal delivery</u>Patient response <u>patient responded well to version</u>Status (<u>stable</u>/unstable/worsening) <u>mom & baby responded well to version</u>
Recommendation
<ul style="list-style-type: none">Suggestions for plan of care <u>Re-assess baby position at next prenatal visit.</u>

O2 therapy _____

IV site _____ IV Maintenance _____

Pain Score _____ Treatment _____

Medications Given Terbutaline SQ 0.25mg

Fall Risk/Safety _____

Diet _____

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes: