Student Name:_____

# Outpatient Preparation Worksheet - OB Simulation
## This section is to be completed prior to Sim Day 1:

| Patient initials:<br>AJ | | | | Date of Admission: 10-29-24 | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| EDD: | Gest. Age- 38 5/7 wks | G 2 | P 1 | T | PT | AB | | L 1 | M |
| Blood Type / Rh: | | Rubella Status: | | | | GBS Status: | | | |

| Complication with this or Previous Pregnancies:<br>Denies complications with this pregnancy. |
|---|
| Chronic Health Conditions:<br>Patient has asthma that is controlled with medications. |
| Allergies:<br>Penicillin |
| Current Medications:<br>Prenatal vitamins, singular, Advair MDI, Proventil MDI |
| Patient Reported Concern Requiring Outpatient Evaluation:<br>Patient reports she has been contracting every 10 minutes for the last hour. |
| What PRIORITY assessment do you plan based on the patient's reported concern?<br>Placing FHM, checking patients cervix, and observing mom as her contractions begin. |

## 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 Vitamins | Iron product, vitamin and mineral complication. | Used to provide additional vitamins and minerals needed before, during, and after pregnancy. | Stomach pain/upset Constipation Black/tarry stools | -Check labs with every visit. -Making sure upset stomach isn't causing dehydration. - let patient know to take with food to prevent upset stomach |
| Singulair | Leukotriene modifiers | Used to prevent asthma attacks. | Agitation, aggression feeling. Suicidal thoughts or actions. Compulsive or repetitive behaviors. | -Checking patients mental health with each visit. |
| Advair MDI, | Bronchodilator | Inhaler to prevent asthma attacks | Chest pains or fast irregular heartbeats. | Doing cardio assessments on this patient with each visit. Making sure patient knows what to |

| | | | Signs of thrush Legs cramps, constipation | look for with thrush infection. |
|---|---|---|---|---|
| Proventil MDI | Adrenergic bronchdilators | Used to treat or prevent bronchospasms. | Pain or burning while urinating. High blood sugars, low potassium levels. | Letting mom know what it may not be safe to breastfeed while on this medications. Checking labs with each prenatal visit. |

## 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 |
|---|---|
| Contracting | Muscle contractions that occur in labor that help push the baby through the birth canal. |
| **Fetal/Newborn Implications** | **Pathophysiology of Fetal/Newborn Implications** |
| Baby is moving down lower into the birth canal with each contraction. | The uterine muscles with each contraction helps push the baby down and helps the baby get into position for birth. |

## 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. | Prolonged labor | Hemorrhaging | Breech position | Umbilical cord issues |
| What assessments are needed to identify complications early? | making sure mom and baby are not having any distress symptoms during a contraction. | Assessing mom frequently, checking the pads underneath her for any excessive bleeding. | Checking babies fetal position periodically. | Always monitoring the FHM. |
| What nursing interventions will the nurse implement if the complication develops? | Helping mom in different positions and anticipating medications to help progress labor. | Notifying the physician asap as well as monitoring mom and baby. | Trying different techniques to get baby turned into the correct position. | Preforming IUR and notifying physician asap. |

## 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 moms contractions frequency and intensity along with babies fetal heart rate with each contraction. |
|---|---|
| Goal/Outcome | Having mom progress in labor and having a successful delivery |

| Priority Assessment/Intervention(s) | Rationale | Expected Outcome |
|---|---|---|
| 1. Getting mom connected to FHM and toco monitor | 1. monitoring moms contraction along with babies heart rate. | 1. having mom and baby being healthy as possible during contractions and no distress is happening to either one. |
| 2. Start an IV | 2. starting fluids and meds. | 2. starting this IV is for fluid, meds, and incase mom needs blood for hemorrhaging. |
| 3. Knowing moms birth plan. | 3. making sure we know what to offer or not to offer such as pain meds. | 3. Mom will have the labor/birth she wants and it will be successful. |

## 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!

**Fetal Assessment:**

**Position determined by Leopolds _____**

**Place an X in the circle to document point or maximum impulse for FHR**
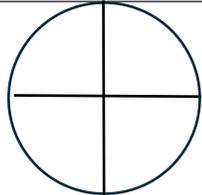
| Time | Temp | B/P | P | R | Uterine Activity Freq / Dur.  / Str. | Dil. / Efa. / PP / Stat cm /   % /       / | FHR /Var. /Acel. / Decl. | Pain | Comments |
|---|---|---|---|---|---|---|---|---|---|
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Student Name:_____

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Student Name:_____

| Additional Nurses Notes: |
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**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 @ _____                    Nurses Signature: _____RN**

Student Name:_____

# Professional Communication - SBAR to Primary NURSE

| **Situation** |
| --- |
| • Name/age<br>• G   P   T   PT   AB   L   M   EDB   /   /         Est. Gest. Wks.:<br>• Reason for admission |
| **Background** |
| • Primary problem/diagnosis<br>• Most important obstetrical history<br>• Most important past medical history<br>• Most important background data |
| **Assessment** |
| • Most important clinical data:<br>   • Vital signs<br>   • Assessment<br>   • Diagnostics/lab values<br> *Trend* of most important clinical data (stable - increasing/decreasing)<br>• Patient/Family birthing plan?<br>• How have you advanced the plan of care?<br>• Patient response<br>• Status (stable/unstable/worsening) |
| **Recommendation** |
| • 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:** |
| --- |
|  |