

Student Name: Joey Markman

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>CW</u>				Date of Admission: <u>10/29/24</u>				
EDD: <u>5-17</u>	Gest. Age: <u>38</u>	G: <u>3</u>	P: <u>2</u>	T: <u></u>	PT: <u></u>	AB: <u></u>	L: <u>1</u>	M: <u></u>
Blood Type / Rh: <u></u>			Rubella Status: <u></u>			GBS Status: <u></u>		
Complication with this or Previous Pregnancies: <u>Current Pregnancy - Decreased fetal movement, 1st Preg Pre-eclampsia, 2nd Stillborn at 39wks</u>								
Chronic Health Conditions: <u>Gestational Diabetes</u>								
Allergies: <u>Morphine</u>								
Current Medications: <u>Prenatal vitamins Insulin</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>Decrease fetal movement</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Applying an external fetal head monitor, monitor for contractions, assessing maternal vital signs, and assessing the rupture of maternal membranes</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>Prenatal Vitamins</u>		<u>Increasing the amount of vitamins, minerals and other nutrients to the baby</u>	<u>Nausea, constipation, stomach aches, dizziness, HA, clots in urine</u>	<u>Allergic reaction signs - rash, itching, hives, swelling of the face, lips, tongue or throat</u>
<u>Insulin</u>	<u>Hormones</u>	<u>Moves glucose from the blood into cells all over the body</u>	<u>Fatigue, low, cold, hypoglycemia, blurred vision, HA</u>	<u>Teach pt how to monitor blood glucose levels, rotate injection sites, monitor for signs of hypo- or hyperglycemia, assess injection sites for swelling, redness, or other reactions</u>

Student Name: Joey Martinez

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
Decreased fetal movement	Reduced fetal movement are associated with low amniotic fluid, smoking, alcohol, drug consumption, fetal sleep cycles
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Increased risk of stillbirth	Stillbirth is the death of a fetus after 20 weeks of pregnancy

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.	Placental Insufficiency	Fetal Death	Fetal sleep cycle	Stillbirth
What assessments are needed to identify complications early?	Ultrasound	External Fetal Heart Monitor	Lay on left side and track the # of movements in 2 hrs	External Fetal Monitor
What nursing interventions will the nurse implement if the complication develops?	assess maternal vital signs	assessment upon rupture of membranes	Turn pt. onto left side O ₂	Monitor - contractions

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 rationale and expected outcome for each.

Nursing Priority	Decreased fetal movement	
Goal/Outcome	Increase fetal movement	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Confirm fetal Heart Beat	1. Make sure you have heard beat	1. Heart beat confirmed
2. Monitor for contractions	2. Can help identify potential problems w/ pregnancy before metabolic acidosis can lead to fetal death	2. Identify problems before metabolic acidosis has developed
3. assessing for rupture of maternal membranes	3. Can indicate fetal distress	3. Identify and treat before infection occurs

