

Student Name: _____

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: 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: Denies complications with this pregnancy.								
Chronic Health Conditions: Patient has asthma that is controlled with medications.								
Allergies: Penicillin								
Current Medications: Prenatal vitamins, singular, Advair MDI, Proventil MDI								
Patient Reported Concern Requiring Outpatient Evaluation: 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? 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
Singular	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

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			Signs of thrush Legs cramps, constipation	look for with thrush infection.
Proventil MDI	Adrenergic bronchodilator s	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

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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

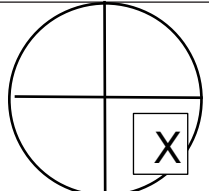
1. Admit as Outpatient to the OB Triage assessment center
2. Vital signs on admission as needed
3. Fetal Heart Monitor obtain 20-30 minute strip to evaluate fetal status
4. Non-Reassuring Fetal Heart Rate Patterns implement Intrauterine resuscitation and notify provider
5. Monitor uterine activity to 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: Baby was in no distress Position determined by Leopolds -Left occipital anterior Place an X in the circle to document point or maximum impulse for FHR	
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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
					5 min apart, lasting about	7cm dilated, effaced 85%	FHR- 140 bpm	4	Mom thought she was in pre-term labor, she was sent home per OB orders, given education on true vs. false labor.

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Additional Nurses Notes:

Procedure Notes:

Circle Procedure Performed: **Amino** **BPP** **NST** **CST** **US** **Labor Eval**
SRM 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 @ _____
_____ RN

Nurses Signature:

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Professional Communication - SBAR to Primary NURSE

Situation
- Name/age- ALICE JONES - G 2 P 1 T PT AB L 1 M EDB / / Est. Gest. Wks.: 38WKS - Reason for admission
Background
- Primary problem/diagnosis- came in with contractions thinking she was in labor - Most important obstetrical history- previous delivery of a 9lb baby. - Most important past medical history- hx of asthma - Most important background data- what meds she is taking for her asthma
Assessment
- Most important clinical data: - Vital signs- mom and babys heart rate. - Assessment- cervix assessment - Diagnostics/lab values- thiazine paper test - Trend of most important clinical data (stable - increasing/decreasing) - Patient/Family birthing plan? Birthing plan was to have an epidural, did not talk much about it as mom was concerned with getting case management involved. - How have you advanced the plan of care? Continuous education on what labor and how to tell true or false contractions. - Patient response- patient understood my education - Status (stable/unstable/worsening)- stable
Recommendation
Suggestions for plan of care Getting discharge papers ready, having case management get involved, having education on local resources to help mom.

O2 therapy _____

IV site_____ IV Maintenance _

Pain Score _____Treatment ____

Medications Given_____

Fall Risk/Safety _____

Diet _____

Last Void_____ Last BM _____

Intake_____ Output:_____

Notes: