Student Name: Voltaire A. De Vera

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

Patient initials: CW			Date of Admission:					
EDD: 08/10/XX	Gest. Age 38 2/7 weeks	G 3	P 2	T	PT	AB	L 1	M
Blood Type / Rh: O-			Rubella Status: Immune			GBS Status: Negative		

Complication with this or Previous Pregnancies: IUFD 39 wks (06/25/XX), Forceps Delivery 38 wks (03/19/XX), GDM, Previous PIH

Chronic Health Conditions: None

Allergies: Morphine

Current Medications: PNV- Nature Made prenatal multi +DHA, Acetaminophen, Sudafed, Novolog Sliding scale

Patient Reported Concern Requiring Outpatient Evaluation:
Patient reports decreased fetal movement

What PRIORITY assessment do you plan based on the patient's reported concern?
Fetal Kick Count, NST, electronic fetal monitor

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
Novolog	Hypoglycemic agent	Decreases blood sugar	hypoglycemia	Monitoring of blood sugar by accudata
Acetaminophen	Analgesic	Relieves pain	Allergic reaction	Watch out for hives. Rashes and difficulty of breathing
Sudafed	Nasal decongestant	Narrowing of blood vessel of nostril	Headache Irregular heartbeat	Monitor BP and regularity of pulse and rate

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
Gestational Diabetes Mellitus	Abnormal level of blood sugar while pregnant

Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Macrosomia	Big baby- increased blood sugar deposited as fat and increased of growth

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.	Power and passenger Dystocia	Birth Trauma	Macrosomia	Birth injury and hypoglycemia
What assessments are needed to identify complications early?	Ultrasound & Uterine contractility assessment	Pelvimetry	Ultrasound to assess size to rule out CPD	Ultrasound to assess size to rule out CPD
What nursing interventions will the nurse implement if the complication develops?	Prepare for CS delivery	Prepare for Postpartum hemorrhage and surgical repair	Refer to HCP for possible CS delivery	Inform NICU staff about macrosomic baby

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	Assess fetal movement by kick count, nst and or electronic fetal monitor	
Goal/Outcome	Fetal movement of 10 counts in 1 to 2 hours,	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Fetal Kick count	1. assess the fetal well-being	1. more than 1o kick counts in 1-2 hours
2. NST	2. assessing the fetal well being and able to accelerate heart rate while moving	2. adequate acceleration of heart while fetus moves

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| 3.Electronic Fetal monitor	3. monitor for fetal heart rate in response to uterine contractility	3. acceleration, baseline variability, no deceleration or bradycardia

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
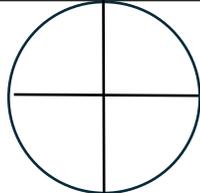
Time	Temp	B/P	P	R	Uterine Activity Freq / Dur. / Str.	Dil. / Efa. / PP / Stat cm / % / /	FHR /Var. /Acel. / Decl.	Pain	Comments

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Additional Nurses Notes:

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

Professional Communication - SBAR to Primary NURSE

Situation
• Name/age • G   P   T   PT   AB   L   M   EDB   /   /   Est. Gest. Wks.: • Reason for admission
Background
• Primary problem/diagnosis • Most important obstetrical history • Most important past medical history • Most important background data
Assessment

• Most important clinical data:
     • Vital signs
     • Assessment
     • Diagnostics/lab values
 Trend of most important clinical data (stable - increasing/decreasing)
• Patient/Family birthing plan?
• How have you advanced the plan of care?
• Patient response
• 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: