

# Outpatient Preparation Worksheet - OB Simulation

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

<b>Patient initials:</b> CW			<b>Date of Admission:</b>					
<b>EDD: 08/10/XX</b>	<b>Gest. Age 38 2/7 weeks</b>	<b>G 3</b>	<b>P 2</b>	<b>T</b>	<b>PT</b>	<b>AB</b>	<b>L 1</b>	<b>M</b>
<b>Blood Type / Rh: O-</b>		<b>Rubella Status: Immune</b>			<b>GBS Status: Negative</b>			
<b>Complication with this or Previous Pregnancies: IUFD 39 wks (06/25/XX), Forceps Delivery 38 wks (03/19/XX), GDM, Previous PIH</b>								
<b>Chronic Health Conditions: None</b>								
<b>Allergies: Morphine</b>								
<b>Current Medications: PNV- Nature Made prenatal multi +DHA, Acetaminophen, Sudafed, Novolog Sliding scale</b>								
<b>Patient Reported Concern Requiring Outpatient Evaluation: Patient reports decreased fetal movement</b>								
<b>What PRIORITY assessment do you plan based on the patient's reported concern?</b> 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

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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
Pregnancy Induced Hypertension	Abnormal level of blood pressure while pregnant
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Stressed Fetus	Decreased placental perfusion inducing decreased oxygenation and nutrient to the fetus

## 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.	Severe Pre-eclampsia	Eclampsia	Preterm birth	Stillbirth
What assessments are needed to identify complications early?	Blood pressure, urinary protein	Blood pressure, urinary protein, seizure precaution	Watch out for onset of labor	Electronic Fetal monitor
What nursing interventions will the nurse implement if the complication develops?	MgSO4 infusion Prepare for Vaginal/CS delivery	MgSO4 infusion Prepare for Vaginal/CS delivery	Prepare for resuscitation materials Inform NICU staff	Applying Swanson's therapeutic approach Informing the parents

## 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.

<b>Nursing Priority</b>	Assess fetal movement by kick count, nst and or electronic fetal monitor		
<b>Goal/Outcome</b>	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 10 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	

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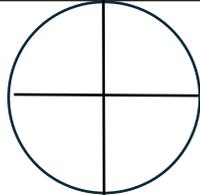
## Outpatient Evaluation Orders

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**  
0600

Date & Time: Today @

**This Section is to be completed in the Sim center- do not complete before!**

<p>Fetal Assessment:</p> <p>Position determined by Leopolds _____</p> <p>Place an <b>X</b> in the circle to document point or maximum impulse for FHR</p>	
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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

Student Name: Voltaire A. De Vera


<b>Additional Nurses Notes:</b>

**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** @ \_\_\_\_\_  
\_\_\_\_\_ RN

**Nurses Signature:**

## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"><li>Name/age</li><li>G P T PT AB L M EDB / / Est. Gest. Wks. :</li><li>Reason for admission</li></ul>
Background
<ul style="list-style-type: none"><li>Primary problem/diagnosis</li><li>Most important obstetrical history</li><li>Most important past medical history</li><li>Most important background data</li></ul>
Assessment
<ul style="list-style-type: none"><li>Most important clinical data:<ul style="list-style-type: none"><li>Vital signs</li><li>Assessment</li><li>Diagnostics/lab values</li></ul></li><li><i>Trend</i> of most important clinical data (stable - increasing/decreasing)</li><li>Patient/Family birthing plan?</li><li>How have you advanced the plan of care?</li><li>Patient response</li><li>Status (stable/unstable/worsening)</li></ul>
Recommendation
<ul style="list-style-type: none"><li>Suggestions for plan of care</li></ul>

O2 therapy \_\_\_\_\_

IV site \_\_\_\_\_ IV Maintenance \_\_\_\_\_

Pain Score \_\_\_\_\_ Treatment \_\_\_\_\_

Medications Given \_\_\_\_\_

Fall Risk/Safety \_\_\_\_\_

Diet \_\_\_\_\_

Last Void \_\_\_\_\_ Last BM \_\_\_\_\_

Intake \_\_\_\_\_ Output: \_\_\_\_\_

<p><b>Notes:</b></p>
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