

Student Name: _____

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>SR</u>				Date of Admission: <u>11-19-24</u>				
EDD: <u>12-8-24</u>	Gest. Age: <u>30 WEEKS</u>	G: <u>1</u>	P: <u>0</u>	T:	PT:	AB:	L:	M:
Blood Type / Rh:		Rubella Status:			GBS Status:			
Complication with this or Previous Pregnancies: <u>Ø</u>								
Chronic Health Conditions: <u>N/A</u>								
Allergies: <u>Morphine</u>								
Current Medications: <u>Prenatal vitamins</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>Scared of having a C-Section</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>FHR patterns</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
Prenatal vitamins	Iron vitamins Minerals	Provides Vitamins to MOM and baby	Constipation gas headache	
IV lactate rings	IV nutritional products.	Provide fluid balance	mild fatigue needle site lightheadedness	ASSIST patient when getting up. Watch for <u>unpleasantness</u>
Terbutaline 0.25mg SQ	Beta Agonist -- bronchodilator	Will keep patient from having contractions.	Nervousness tremors	Watch patient for <u>dysonia, wheezing, tightness in chest</u>

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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
Baby's head last to come out, which can get stuck in the vagina.	during a contraction while pushing baby out, the contraction can stop with head still in vagina, cutting off circulation to baby.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Cord prolapse injury	if ROM happens while breech, the cord can fall out and baby can put pressure on it causing compromise to baby's blood flow. If baby is born while breech, the baby is at risk for injuries such as broken legs, arms, and dislocation of bones.

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.	Baby stays breech until delivery and C-section will occur.	SPROM and causes cord prolapse. And C-section.	getting baby to move into cephalic position.	SPROM - cord prolapse.
What assessments are needed to identify complications early?	FHR, physical assessment contractions.	vaginal exam if ROM happens.	FHR monitor.	Watch for signs of SPROM, FHR contractions.
What nursing interventions will the nurse implement if the complication develops?	Notify provider for instructions.	If cord is visible, push back into elevate pressure on it.	Notify provider for instructions.	Vaginal exam to see if cord is visible, notify provider, push cord to elevate pressure on it.

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	Goal/Outcome	Priority Assessment/Intervention(s)	Rationale	Expected Outcome
Perform an external version	Put baby in cephalic position before full term.	1. Administer Terbutaline 2. FHR/Contractions 3. Consent from patient	1. Relax uterine muscle 2. This will identify any issue caused to baby. 3. Inform of potential risks, alternative delivery options.	1. Relax uterine muscle in order to stretch it while turning baby. 2. Vitals will stay in normal range. 3. Pt will consent and allow procedure to be done.

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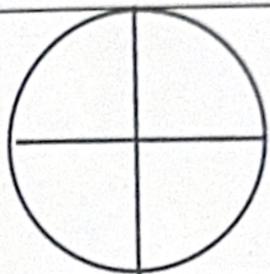
Outpatient Evaluation Orders

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 SR0M (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!

<p>Fetal Assessment:</p> <p>Position determined by Leopolds _____</p> <p>Place an X 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