

Student Name: Jordan Magee

## Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>SP</u>		Date of Admission:							
EDD: <u>12/08/XX</u>	Gest. Age <u>36 wks</u>	<u>G 1</u>	<u>P 0</u>	<u>T 0</u>	<u>PT 0</u>	<u>AB 0</u>	<u>L 0</u>	<u>M 0</u>	
Blood Type / Rh: <u>O+</u>		Rubella Status: <u>Immune</u>			GBS Status: <u>Negative</u>				
Complication with this or Previous Pregnancies: <u>Breech presentation</u>									
Chronic Health Conditions: <u>None</u>									
Allergies: <u>NKDA</u>									
Current Medications: <u>Prenatal vitamins</u>									
Patient Reported Concern Requiring Outpatient Evaluation: <u>Pt arrives to OB triage pregnancy at 36 weeks scheduled for Version</u>									
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Leopold's maneuver to verify baby's position</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 Vitamin</u>	<u>Multi-Vitamin</u>	<u>Increases vitamins, minerals, and other nutrients in the body.</u>	<u>Loss of appetite, diarrhea, dry mouth, back pain, constipation</u>	<u>Assess allergies, bowel sounds, iron, vitamin, mineral levels Evaluate response</u>
<u>(Tylenol) Acetaminophen</u>	<u>Antipyretic Analgesic</u>	<u>Targets heat-regulating area of the brain to lower temp and also raises pain threshold</u>	<u>Nausea, vomiting, headache, rash, fatigue, diarrhea</u>	<u>Assess for fever and pain, hepatic and renal studies, blood studies, pregnancy/breastfeeding Evaluate therapeutic response</u>
<u>(Sudafed) Pseudoephedrine</u>	<u>Nasal decongestant</u>	<u>Reduces swelling of blood vessels in the nose and helps relieve congestion</u>	<u>Insomnia, nausea, anxiety, headache, dizziness, itching</u>	<u>Assess nasal congestion, B/P, alcohol intake, pregnancy/breastfeeding Evaluate therapeutic response</u>
<u>Terbutaline</u>	<u>Beta-2 agonist</u>	<u>Relaxes the myometrium to manage premature labor contractions</u>	<u>Nervousness, nausea, headache, dizziness, weakness</u>	<u>Assess respiratory function, CV status, and CNS Evaluate therapeutic response</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
Breech presentation - ↑ risk of tearing, hemorrhage, C-section	A breech presentation puts mom at risk for tearing and hemorrhaging due to baby's buttocks stretching vaginal opening more than normal → A C-section is recommended due to risks.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Breech presentation - ↑ risk of head entrapment, cord prolapse, bone fractures	Because of presentation, head can get stuck in pelvis cutting off oxygen. Additionally, cord can slip down and become compressed, reducing oxygen to baby. Forceful delivery of breech baby can result in broken 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.	■ Premature rupture of membranes	Emergency C-section	Changes in FHR	Severe fetal distress
What assessments are needed to identify complications early?	Physical examination for possible fluid	FHR Monitoring and Monitoring VS	Continuous FHR Monitoring	Continuous FHR Monitoring
What nursing interventions will the nurse implement if the complication develops?	Monitor VS, FHR Administer antibiotics Med administration	Pre-op meds, FHR monitoring, pain management	Change mom's position, closely monitor, give oxygen	Change position, administer O <sub>2</sub> , fluid bolus, prep for C-section

### 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	Flip baby safely and manage pain	
Goal/Outcome	Baby is flipped and no abnormalities are noted	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Leopold's maneuver	1. This allows nurse to verify baby's exact position before attempting to turn baby	1. Position is verified and baby can be turned safely
2. Monitor maternal v/s, uterine activity, and FHR.	2. This allows us to keep an eye off mother and baby to make sure there are no abnormalities or the reassuring patterns	2. maternal v/s, uterine activity, and FHR are all stable and no abnormalities noted.
3. Administer terbutaline and manage pain	3. This will relax uterine muscles which will help successfully turn baby and minimize pain.	3. Baby is successfully and more easily turned, while pain is minimal.

