

Student Name: Abiguel Guerrero

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: C.W				Date of Admission:				
EDD:	Gest. Age 38wks 2 days	G 3	P 2	T	PT	AB	L 1	M
Blood Type / Rh:			Rubella Status:			GBS Status:		
Complication with this or Previous Pregnancies: Pre-eclampsia, stillbirth, gestational diabetes, HTN, decreased fetal movement								
Chronic Health Conditions:								
Allergies: Morphine								
Current Medications: Prenatal vitamins, insulin								
Patient Reported Concern Requiring Outpatient Evaluation: Decreased fetal movement								
What PRIORITY assessment do you plan based on the patient's reported concern? Assess fetal HR & vaginal exam								

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	DHA dietary supplement	Provide the body with nutrient to support pregnancy	Nausea Stomach pain Bloating/gas Diarrhea/dark stool	Take with a balanced diet Teach about symptoms of overdose Teach that it should be taken with daily calcium Careful evaluation of dosages
Insulin	Protein (hormone)	Causes glucose to leave the blood & into cells all over the body	Sore throat Weakness Constipation Weight gain	Accurate administration of prescribed dose Education on s/s of hypo/hyperglycemia Monitoring of blood sugar levels regularly

Student Name: _____

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
Decreased fetal movement	Decreased fetal movement can be associated by various issues regarding development of the placenta, amniotic sac, & the uterus
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
IUR, substance use, placental insufficiency, & low amniotic fluid	Decreased fetal movement may be associated with fetal demise or lack of space to move freely

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.	IUGR	Placental insufficiency	Oligohydramnios	Stillbirth
What assessments are needed to identify complications early?	Fetal ultrasound	Fetal ultrasound	Fetal ultrasound	Fetal monitor
What nursing interventions will the nurse implement if the complication develops?	C-section dependent on fetal age	Induction of labor depends on severity & age	Induction of labor depends on severity & age or amnioinfusion	Induction/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		
Goal/Outcome		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. FHR monitoring	1. To determine if there is a non-reassuring HR	1. For fetal HR to be present
2. Left lateral position	2. To increase perfusion to the fetus	2. For fetus to begin moving
3. Fetal ultrasound	3. To assess the fetus, placenta, & amniotic fluid	3. For all structures to be normal & have no abnormalities

Student Name: _____

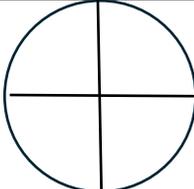
Outpatient Evaluation Orders

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!

<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>	
---	---

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

Student Name: _____

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
 - Position _____ verified prior to version @ _____
 - Position _____ verified after version @ _____

Additional Notes is needed:

Procedure ended @ _____

Nurses Signature: _____ RN

Physician Signature _____ MD

Student Name: _____

Professional Communication - SBAR to Primary NURSE

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