

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: 08/10/XX	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: HTN								
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

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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
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

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FHR 155

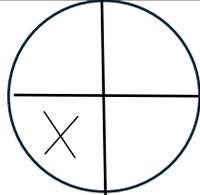
Outpatient Evaluation Orders

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: Position determined by Leopolds _____ 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
0900		134/86	75	18	Contractions Q 5 min	3cm 90%	2 accelerations	X	

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Additional Nurses Notes:

Procedure Notes:

Circle Procedure Performed: Amino BPP **NST** CST US Labor Eval SRM Eval. Version

Documentation for Invasive Procedure:

V/S prior to procedure @ 0900 T _____ B/P 134/86 P 75 R 18 FHR 155bpm **2 accelerations**

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

Physician Signature _____ MD

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Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none">Name/age Cynthia Williams age 31G3 P2 T PT AB L1 M EDB 08 / 10 / XX Est. Gest. Wks.: 38 wks 2 daysReason for admission Decreased fetal movement
Background
<ul style="list-style-type: none">Primary problem/diagnosis Decreased fetal movementMost important obstetrical history Pre-eclampsia, stillbirth, Gestational diabetesMost important past medical history Pre-eclampsia, stillbirth, Gestational diabetesMost important background data Diet education, psychosocial education
Assessment
<ul style="list-style-type: none">Most important clinical data:<ul style="list-style-type: none">Vital signsAssessmentDiagnostics/lab valuesTrend of most important clinical data (<u>stable</u> increasing/decreasing)Patient/Family birthing plan?How have you advanced the plan of care?Patient responseStatus (<u>stable</u>/unstable/worsening)
Recommendation
<ul style="list-style-type: none">Suggestions for plan of care<ul style="list-style-type: none">Admit to L&D for further observationPsychosocial resources

O2 therapy 10L NRB

IV site L wrist IV Maintenance 500 mL LR

Pain Score / Treatment /

Medications Given /

Fall Risk/Safety High fall risk

Diet /

Last Void 0900 Last BM /

Intake Juice 200ML Output: /

Notes:

Non-compliance with eating & maintaining healthy diet, provided education that as the pt can eat what they want, should be accompanied by nutritious foods