

Student Name: Shari Mims

# Outpatient Preparation worksheet - OB Simulation

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

Patient initials: <u>CW</u>		Date of Admission:						
EDD: <u>8/10/xx</u>	Gest. Age: <u>38w 2 days</u>	G: <u>3</u>	P: <u>2</u>	T: <u>0</u>	PT: <u>0</u>	AB: <u>0</u>	L: <u>1</u>	M: <u>0</u>
Blood Type / Rh: <u>O/- Rh</u>		Rubella Status: <u>Immune</u>				GBS Status: <u>Negative</u>		
Complication with this or Previous Pregnancies: <u>1<sup>st</sup> pregnancy (Preeclampsia) 2<sup>nd</sup> pregnancy (Stillborn 39 weeks)</u>								
Chronic Health Conditions: <u>maternal obesity, Gestational Diabetes, PP depression</u>								
Allergies: <u>Morphine</u>								
Current Medications: <u>Prenatal Vitamins &amp; Insulin</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>Patient reports decreased fetal movement</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Electronic Fetal Heart Monitoring (EFHM), Non-Stress test, Leopold's maneuver</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>Humalog</u>	<u>Pancreatics</u>	<u>Control blood sugar</u>	<u>Hypoglycemia weight gain</u>	<u>1. monitor blood glucose 2. Assess for signs of hypoglycemia</u>
<u>Prenatal Vitamins</u>	<u>Multivitamin &amp; mineral</u>	<u>To give/replace vitamins and minerals for mother and baby</u>	<u>nausea/vomiting &amp; constipation</u>	<u>1. ASSESS nutrition 2. monitor stools</u>
<u>Oxytocin</u>	<u>Oxytocics</u>	<u>To induce labor by contracting the uterus</u>	<u>maternal hypotension</u>	<u>1. monitor maternal BP 2. monitor FHR</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
Decreased fetal movement	when the fetus movement is decreased and not felt by the mother
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Cord Compression	oxygen to the fetus could be lacking due to the umbilical cord being compressed

## 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.	maternal positioning	preeclampsia	cord compression	fetal hypoxia
What assessments are needed to identify complications early?	fetal heart monitoring	fetal scalp electrode	fetal hypoxia	stillborn
What nursing interventions will the nurse implement if the complication develops?	turn patient to left side	scalp stimulation	administer oxygen	cord compression (amnioinfusion)

## 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>	monitor fetal well being		
<b>Goal/Outcome</b>	fetal movement improved		
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>	
1. monitor fetal HR	1. Trying to assess for fetal distress	1. NO sign of fetal distress	
2. fetal kick counts	2. Monitor fetal movement within 2 hours	2. Improved fetal movement	
3. maternal reposition (left lateral)	3. alleviate compression of cord to decrease chances being fetal hypoxia	3. Improve placental perfusion	

