

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: CW				Date of Admission:12/30/XX				
EDD:08/10/xx	Gest. Age 38 and 2/7 weeks	G 3	P 0	T 2	PT 0	AB 0	L 1	M 0
Blood Type / Rh-negative		Rubella Status: immune			GBS Status: negative			
Complication with this or Previous Pregnancies: gestation diabetes Previous PIH(pregnancy induced hypertension)								
Chronic Health Conditions: diabetes, hypertension postpartum depression								
Allergies: Morphine								
Current Medications: Nature made prenatal Multi +DHA, acetaminophen Sudafed novolog (sliding scale)								
Patient Reported Concern Requiring Outpatient Evaluation: reports decreased fetal movement								
What PRIORITY assessment do you plan based on the patient's reported concern? Assess fetal heart rate monitoring variability, decelerations and heart rate.								

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
acetaminophen	Miscellaneous analgesics	Pain reliever or fever reducer	stomach pain (upper right side); loss of appetite; tiredness, itching; dark urine, clay-colored stools; or jaundice (yellowing	Assess for jaundice Monitor labs for the liver Assess pain level before and after medication has been absorbed. Avoid other medications that contain acetaminophen.

Sudafed	decongestants	Treat nasal and sinus congestion	of the skin or eyes fast, pounding, or uneven heartbeat; severe dizziness or anxiety; easy bruising or bleeding, unusual weakness, fever, chills, body aches, flu symptoms; or dangerously high blood pressure	Do not take Sudafed for longer than 7 days in a row. Assess vital signs Assess for any bleeding or bruising or report. Change positions slowly because of dizziness
Novolog	insulin	Improve blood sugar	low blood sugar; weight gain; low potassium; swelling in your hands and feet; skin rash, itching, redness, or swelling	Monitor blood glucose Monitor for swelling Monitor labs for potassium (low potassium) Take when meal is ready set up.
Nature made Multi+DHA	multivitamin	Used to treat or prevent vitamin deficiency before, during, and after pregnancy.	Constipation, diarrhea, upset stomach, allergic reaction. (rashes, itching)	Drink water and stool softener for constipation Report any rashes swelling or redness Lab and/or medical tests (such as complete blood count, vitamin B12 levels) may be done while you are taking this This medication passes into breast milk. Consult your doctor before breastfeeding.

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
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications

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.				
What assessments are needed to identify complications early?				
What nursing interventions will the nurse implement if the complication develops?				

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	Assess fetal heart rate		
Goal/Outcome			
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1.	1.	1.	
2.	2.	2.	
3.	3.	3.	

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**
0600

Date & Time: Today @

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

Additional Notes is needed:

Procedure ended @ _____
_____ RN

Nurses Signature:

Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> • Name/age • G P T PT AB L M EDB / / Est. Gest. Wks. : • Reason for admission
Background
<ul style="list-style-type: none"> • Primary problem/diagnosis • Most important obstetrical history • Most important past medical history • Most important background data
Assessment
<ul style="list-style-type: none"> • Most important clinical data: <ul style="list-style-type: none"> • Vital signs • Assessment • Diagnostics/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 response • Status (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: