

Student Name: _____

Outpatient Preparation Worksheet - OB Simulation

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

| | | | | | | | | |
|--|----------------------|---------------------------|----------------------------|--------|----------------------|------|-----|---|
| Patient initials: C.W | | | Date of Admission: Feb, 18 | | | | | |
| EDD: 8/10 | Gest. Age 8 weeks | G 3 | P 2 | T 2 | PT 0 | AB 1 | L 1 | M |
| Blood Type / Rh: O neg | | Rubella Status: immune | | | GBS Status: negative | | | |
| Complication with this or Previous Pregnancies: Abnormal glucose tolerance test, pregnancy induced HTN, Stillbirth, PPD, maternal obesity | | | | | | | | |
| Chronic Health Conditions: | | | | | | | | |
| Allergies: Morphine | | | | | | | | |
| Current Medications: PNV-Nature Made Prenatal Multi + DHA, acetaminophen, Sudafed, Novolog | | | | | | | | |
| Patient Reported Concern Requiring Outpatient Evaluation: Decreased fetal movement | | | | | | | | |
| What PRIORITY assessment do you plan based on the patient's reported concern? Fetal monitoring, and ultrasound | | | | | | | | |

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 |
|-----------------------|--------------|--|---|--|
| Nature made pre natal | vitamin | To increase the amount of nutrients and vitamins to be able to sustain a pregnancy | Constipation, belly pain, dark stools, nausea | Prevent constipation by drinking plenty of fluid, antiemetics for nausea, heating pad for belly pain |
| acetaminophen | analgesic | It is s pain reliever and fever reducer | Sweating fatigue nausea | Avoid alcohol may increase risk of liver damage |
| Sudafed | decongestant | Used to treat nasal and sinus congestion | Insomnia, restlessness, loss of appetite | Take with a full glass of water and do not use more than 7 days consecutively, |
| Novolog | insulin | Helps to lower levels of glucose in the body | Weight gain, swelling, low BS | Fast acting need to eat within 5-10 minutes, rotate injection sites |

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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 |
|-----------------------------|---|
| preeclampsia | Hypertensive disorder characterized by high blood pressure and proteinuria |
| Fetal/Newborn Implications | Pathophysiology of Fetal/Newborn Implications |
| Fetal growth restriction | High blood pressure leads to reduced blood flow to the placenta inadequate o2 and nutrients to baby |

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. | HTN managed with antihypertensives | Preterm birth | Healthy stable baby born | stillborn |
| What assessments are needed to identify complications early? | Vitals urine dip | | Fetal monitoring | |
| What nursing interventions will the nurse implement if the complication develops? | VS assessed frequently | Administer tocolytics and corticosteroids | New born care | Maternal support |

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 | Fetal monitoring | | |
|-------------------------------------|--|--|--|
| Goal/Outcome | Assess baby's movement | | |
| Priority Assessment/Intervention(s) | Rationale | Expected Outcome | |
| 1. Fetal monitoring | 1. Want to assess fetal heart rate and movement | 1. Baby can be stimulated and heart rate is detectable | |
| 2. Give o2 | 2. if baby is not receiving enough o2 due to high bp | 2. Baby starts to be more active | |
| 3. Vital signs | 3. assess mom to see if any antihypertensives are needed | 3. Blood pressure decreases to a safe level | |

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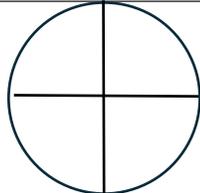
Outpatient Evaluation Orders

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 @

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> |  |
|---|--|

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

Additional Nurses Notes:

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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:

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: