

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: S.R.			Date of Admission:					
EDD: 12.08.XX	Gest. Age 36 wks	G 1	P 0	T 0	PT 0	AB 0	L 0	M 0
Blood Type / Rh: Unknown		Rubella Status: Unknown			GBS Status: Unknown (if positive, will give PCN, cephalosporin, or clindamycin)			
Complication with this or Previous Pregnancies: Infant breech at 35 wks								
Chronic Health Conditions: None reported								
Allergies: Morphine								
Current Medications: Prenatal vitamins								
Patient Reported Concern Requiring Outpatient Evaluation: Patient reports saw her doctor yesterday and they discussed an external version as she is fearful of having a C-section								
<p>What PRIORITY assessment do you plan based on the patient's reported concern? Patients' vital signs and FHR and confirming the fetal position as breech</p> <p>Contraindications should have already been assessed: -uterine malformations, previous scar, placental abnormalities, cephalopelvic disproportion, Multifetal gestation, Oligohydramnios ROM</p> <p>Risk: -umbilical cord entanglement, placental abruption, fetal compromise, emergency c-section, fetal and maternal blood mixing</p>								

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
Terbutaline 0.25 mg SQ 15 mins prior to external version	Beta Agonist	Suppress uterine activity. Can delay delivery for 3 days	Maternal - cardiac or cardiopulmonary arrhythmias, pulmonary edema, myocardial ischemia, hypotension, tachycardia, elevation in maternal glucose, hypokalemia Fetal - Tachycardia, hyper-insulinemia, hyper-glycemia, myocardial and septal hypertrophy, myocardial ischemia	Monitor FHR and uterine contractions Monitor I & O for overload Auscultate lungs for pulmonary edema (wet sounds) Monitor maternal HR (apical pulse x 1 min) prior to administration and hold dose if heart rate >120 BPM Monitor blood glucose

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
Breech presentation	Occurs when baby is not properly positioned for a vaginal delivery
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Leopolds maneuver performed by provider confirms breeched presentation	Concerns with cord prolapse, head entrapment, birth asphyxia, fracture and dislocations

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.	Emergency C-section	Placental abruption	Bradycardia	Fetal compromise
What assessments are needed to identify complications early?	Maternal VS and FHM	Maternal vital signs, vaginal bleeding, abdominal pain, back pain and uterine contractions	EFM for a minimum of 1 hour after version	EFM to assess for signs of bradycardia, prolonged decelerations, decreased variability.
What nursing interventions will the nurse implement if the complication develops?	Have Team ready and notified of possible c-section	Maternal VS, FHM, assess for signs of shock	Reposition mom, administer fluids, give oxygen, notify health care provider	Immediately notify health care provider

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	Maternal VS and FHR	
Goal/Outcome	Successful repositioning of baby from breech position (head down to increase chances of vaginal delivery)	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Have team ready in case c-section is needed 2. Assess Blood type/Rh status 3. Maternal health and FHM- monitor for tachysystole (>5 contractions in 10 mins) , abnormal FHR (absent- 0-1 bpm, marked-	1. To ensure prompt delivery of baby to avoid any further maternal or fetal complications 2. If RHO gam is needed, administer, Blood type is needed to have blood readily available in case mom hemorrhages 3. To be able to intervene and identify complications as early as possible	1. Successful delivery of baby with minimum complications to mom or baby 2. avoid blood mixing of mom and baby 3. Least complications as possible.

Student Name: Leticia Herrera

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

4 **Nurses Signature:**

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: