

Student Name: Hannah Holland

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>AJ</u>		Date of Admission:						
EDD: <u>3/27</u>	Gest. Age <u>39 WKS</u>	G <u>2</u>	P <u>1</u>	T <u>1</u>	PT	AB	L <u>1</u>	M
Blood Type / Rh: <u>O positive</u>		Rubella Status: <u>immune</u>				GBS Status: <u>positive</u>		
Complication with this or Previous Pregnancies: <u>None</u>								
Chronic Health Conditions: <u>asthma</u>								
Allergies: <u>Penicillin, morphine</u>								
Current Medications: <u>prenatal vitamins, singular, advair MDI, proventil MDI</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>reports she has been contracting Q10 mins for last hour</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>SVE, FHR, contractions, comfort/support</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>singular</u>	<u>leukotrien receptor agonist</u>	<u>decreases inflammation in airway, making it easier to breathe</u>	<u>cough, HA, diarrhea, sore throat</u>	<u>report suicidal thoughts, do not use for exercise induced</u>
<u>Advair MDI</u>	<u>metered dose inhaler</u>	<u>reduces inflammation & relaxes airways - easier to breathe</u>	<u>oral thrush, sore throat, nausea</u>	<u>rinse w/ water after use, shake before use - 2 puffs/day, ↑ risk of infection</u>
<u>Proventil MDI</u>	<u>metered dose inhaler</u>	<u>opens airways, quick relief</u>	<u>tremor, nausea, nervousness</u>	<u>keep on hand at all times, do not exceed max dose, ↑ risk hyperkalemia</u>
<u>prenatal vitamins</u>	<u>vitamin</u>	<u>increases amt of vitamins, minerals, nutrients in body</u>	<u>Nausea, constipation, bloat/gas</u>	<u>↑ water & fiber intake for constipation, taking after meal can help w/ nausea</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
early labor	cervix begins to efface & dilate
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
risk of GBS infection	→ bacterial infection, can lead to complications
high position	→ can lead to prolonged labor
fetal oxygenation	→ if moms asthma worsens during labor

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.	prolonged labor	sepsis if GBS spreads to bloodstream	fetal tachycardia	Fetal Hypoxia
What assessments are needed to identify complications early?	cervical exam contractions fetal station	fever >100.4 tachycardia, hypotension tachypnea	continuous fetal monitoring	late decels minimal/absent variability
What nursing interventions will the nurse implement if the complication develops?	position 4 turns	IV abx prepare for emergency delivery	4 turns IV abx stop oxytocin	4 turns! prepare for emergency delivery

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	determine labor progression	
Goal/Outcome	birth w/ no complications	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. FHR	1. need to see how fetus is doing	1. Aceels, decels, variability
2. SVE/cervical exam/ fetal station	2. need to see how mom is progressing	2. dilation & effacement
3. FHR Fetal station	3. need to see if baby is still high	3. Neg, engaged, or positive station

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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
 - Position _____ verified prior to version @ _____
 - 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 Alice JonesG Z P I T I PT O ABO L I M EDB / / Est. Gest. Wks.: 39 wksReason for admission early labor
Background
<ul style="list-style-type: none">Primary problem/diagnosis variable decelsMost 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 signsAssessment cervical exam - 8cm; 95%Diagnostics/lab valuesTrend of most important clinical data (stable - increasing/decreasing)Patient/Family birthing plan?How have you advanced the plan of care? IURPatient response FHR improvedStatus (stable/unstable/worsening) stable
Recommendation
<ul style="list-style-type: none">Suggestions for plan of care admit pt, monitor labor progression

O2 therapy **10 L NRB** _____
IV site _____ IV Maintenance _____
Pain Score _____ Treatment **IUR** _____
Medications Given _____
Fall Risk/Safety _____
Diet _____
Last Void _____ Last BM _____
Intake _____ Output: _____

Notes: