Student Name: Kenzlee Randle

Outpatient Preparation Worksheet - OB Simulation
This section is to be completed prior to Sim Day 1:

Patient initials: SR				Date of Admission:					

EDD: 12/8	Gest. Age 36 weeks	G 1	P 0	T 0	PT 0	AB 0	L 0	M 0

Blood Type / Rh: O /Rh+	Rubella Status: immune	GBS Status: negative

Complication with this or Previous Pregnancies:
NA

Chronic Health Conditions:
NA

Allergies:
Morphine

Current Medications:
Tylenol, Sudafed, PNV-Nature Made Prenatal Multi + DHA

Patient Reported Concern Requiring Outpatient Evaluation:
breech presentation

What PRIORITY assessment do you plan based on the patient's reported concern?
Leopold's maneuver and FHR

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
tylenol	analgesic	blocks enzyme at the cause of pain	nausea, HA, GI upset, itching, rash	• don't exceed 4000 mg/day • monitor for liver or kidney damage
Sudafed	decongestant	causes vasocontriction to reduce congestion	nausea, HA, dry mouth	• monitor for HTN • potential preterm delivery • use sparingly
PNV	vitamin	increases amount of vitamins, minerals, and nutrients in body	nausea, constipation, stomach cramps, bloating, gas	• folate deficiency (neural tube defects) • monitor iron levels

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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
breech presentation	fetus in longitudinal lie with buttocks entering pelvis first, rather than the head
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
FHM and Leopolds	closely monitor fetus for signs of distress and fetal position

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.	risk of emergency c section	Prolapsed umbilical cord	cord compression	asphyxia due to reduced O₂ and blood flow
What assessments are needed to identify complications early?	SVE, FHM, leopolds	SVE or vaginal monitoring	FHM	FHM
What nursing interventions will the nurse implement if the complication develops?	maternal VS, medications, education	manual replacement and emergency surgery	reposition mom or amnioinfusion	O₂ to mom, fix underlying cause, 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	fetal monitoring	
Goal/Outcome	version performed with little to no fetal distress	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. FHR	1. determine fetal well being	1. moderate variability, accelerations, no distress
2. Leopolds	2. determine fetal presentation	2. determine if version needed
3. Terbutaline	3. to relax uterus	3. version easier with relaxed uterus