

Student Name Jasmine Luna

## Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>CW</u>		Date of Admission:						
EDD: <u>8/10/XX</u>	Gest. Age: <u>38 2/7 WKS.</u>	G <u>3</u>	P <u>2</u>	T <u>2</u>	PT <u>0</u>	AB <u>0</u>	L <u>1</u>	M <u>0</u>
Blood Type / Rh: <u>O (-)</u>		Rubella Status: <u>IMMUNE</u>			GBS Status: <u>NEGATIVE</u>			
Complication with this or Previous Pregnancies: <u>Gestational diabetes, Pregnancy induced HTN, Stillbirth (previous pregnancy), Maternal Obesity, PP depression</u>								
Chronic Health Conditions: <u>N/A</u>								
PREGNANCY COMPLICATIONS: <u>Gestational diabetes, Previous PIH</u>								
Allergies: <u>Morphine</u>								
Current Medications: <u>Prenatal Vitamins, Insulin (Novolog)</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>Reporting decreased fetal movement</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Assess FHR pattern by continuous FHR monitoring Determine fetal hypoxia, look for x2 FHR accelerations in 20 min to ensure adequate O<sub>2</sub></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
Novolog Insulin	Antidiabetic	Decreases blood glucose ↳ Rapid acting	Blurry vision, Dry mouth, Flushing	· Assess blood sugar · EDU about low blood sugar · Monitor for urine ketones
Δ Prenatal Vitamins	Vitamin	Support fetal development & growth	N/V, Constipation, Hair loss, Rash	· Take recommended amount · Increase fluids · Assess fetal/neuro tube growth
Acetaminophen	Non-opioid analgesic	Blocks pain impulses by inhibiting prostaglandins	N/V, Hepatotoxicity	Assess hepatic studies Advise pt to not exceed dosage
Sudafed	Adrenergic	Reduces congestion by vasoconstriction	HA, dizziness, insomnia, dry nose	Assess nasal congestion Take BIP reading Caution w/ breast feeding

Δ PNV - Nature Made Prenatal Multi (+) DHA

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## Pathophysiology

Interpreting clinical data - state the pathophysiology of the reported problem in your own words  
 Also, state the maternal and fetal implications

<b>Medical/Obstetrical Problem</b>	<b>Pathophysiology of Medical/Obstetrical Problem</b>
Pregnancy Induced HTN	Vasoconstriction that develops along w/ pregnancy can result in PIH.
<b>Fetal/Newborn Implications</b>	<b>Pathophysiology of Fetal/Newborn Implications</b>
Decreased fetal movement	D/T reduced blood flow to the placenta, there is a decreased gas exchange resulting in fetal hypoxia

## 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.	Preeclampsia	Eclampsia/ HELLP syndrome	Fetal Hypoxia	Preterm birth Placental Abruption
What assessments are needed to identify complications early?	Assess CBC, B/p, Liver test	CBC, Liver tests, monitor for seizures	FHR monitoring NST US BPP	FHR monitoring NST BPP US
What nursing interventions will the nurse implement if the complication develops?	Doc/measure B/p I/O Bedrest Anti-HTN med	Seizure precaution Maternal position I/O, Bedrest. prepare for emergency delivery	Change maternal position BOIUS 500mL O2 @ 10L/min	Intrauterine Resuscitation/ Notify HCP → 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.

<b>Nursing Priority</b>	Decreased Fetal Gas exchange (fetal hypoxia)	
<b>Goal/Outcome</b>	Stabilized fetus, increased fetal activity, Decreased/controlled PIH	
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Assess FHR patterns 2. Assess for placenta abruption 3. Assess AFI/US	1. Monitor for fetal hypoxia & uteroplacental insufficiency 2. Abruption may occur spontaneously w/ HTN 3. HTN decreases perfusion & causes IUGR & oligohydramnios	1. Two FHR accelerations in a 20 min period 2. Placenta remains intact, B/p is controlled 3. Normal amount of Amniotic fluid & increased perfusion