

Student Name: Marissa Torres

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>CW</u>				Date of Admission: <u>Today</u>				
EDD: <u>08/10</u>	Gest. Age	G <u>3</u>	P <u>2</u>	T <u> </u>	PT	AB	L <u>1</u>	M
Blood Type / Rh: <u>O negative</u>		Rubella Status: <u>Immune</u>			GBS Status: <u>Negative</u>			
Complication with this or Previous Pregnancies: <ul style="list-style-type: none"> • pre-eclampsia 1st pregnancy • 2nd pregnancy - stillborn @ 39 wks. 								
Chronic Health Conditions: <u>obesity</u>								
Allergies: <u>morphine</u>								
Current Medications: <u>Nature made + DHA</u> <u>Prenatal vitamins, Insulin. [Humalog] sliding scale.</u> <u>NOVOLOG</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>contractions Q 2-3 min. *decreased fetal movement.</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>fetal monitoring to determine status of baby and HR.</u>								

NOVOLOG - insulin

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>mependine</u>		<div style="background-color: yellow; padding: 5px;"> <p>It was not until after I wrote these meds in that they weren't part of my workup.</p> <p><u>Tridge</u> - only thing in orders is LR.</p> <p>home meds still apply.</p> <ul style="list-style-type: none"> • SSI • Nature made PNV + DHA </div>		
<u>promethazine</u>				
<u>oxytocin</u>				
<u>Terbutaline</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
decreased fetal mvmnt	decreased fetal mvmnt could mean that baby is stressed or not receiving adequate nutrients and O ₂ from placenta
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
illness	growth restriction, Placental dysfunction, low amniotic fluid.

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.	elevated BP due to obesity	elevated BP causing placental abruption	decreased O ₂ to baby.	still birth
What assessments are needed to identify complications early?	VS Hourly	VS, FHM, U/S to check bloodflow	FHM + U/S	FHM, U/S
What nursing interventions will the nurse implement if the complication develops?	recheck 15min + Notify HCP	stat delivery via C-section	IUR 4 (T'S)	immediate 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	ensure health + life of baby.	
Goal/Outcome	healthy delivery if needed. survival of Both mom + baby.	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. FHM - variability + accelerations	1. checks "health" of baby	1. If baby is restricted, notify HCP immediately.
2. U/S to check placenta and cord fxn.	2. we can see amnio fluid in ratio to baby, is baby flexed or relaxed etc.	2. If baby is distressed, get it delivered asap.
3. symptom management of either induction or cesarean	3. oxytocin, fluids, emotional support d/t hx of still birth @ 31wks.	3. mental health safety and care until she delivers safely.