

Student Name: Krystina Miller

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>AS</u>				Date of Admission:				
EDD: <u>3/27</u>	Gest. Age <u>38.5</u>	G <u>2</u>	P <u>1</u>	T	PT	AB	L	M
Blood Type / Rh:		Rubella Status: <u>Immune</u>			GBS Status: <u>+</u>			
Complication with this or Previous Pregnancies: <u>NONE</u>								
Chronic Health Conditions: <u>Asthma</u>								
Allergies: <u>Penicillin</u>								
Current Medications: <u>PNV - Nature made Prenatal Multi + DHA, Acetaminophen, Ibuprofen, Singulair, Advair MDI, Proventi MDI</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>Early Labor</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>V/S, FHR & VE, UC's (Frequency, duration, intensity)</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
PNV	Vitamin	helps parents dieting & support fetal growth	N/V	Pt education, take daily at night if w/ food, if GI upset
Ibuprofen	NSAID / PAIN RELIEVER	reduce inflammation, help w/ pain	GI upset	Pt education, Alternat w/ Tylenol
Tylenol	Antipyretic / Analgesic Pain	Treat fever, reduce pain	GI upset	Pt education, Alternat w/ Ibuprofen, Don't exceed 4g
Singulair	LT2RA	Treat sinus symptoms & lung inflammation	Diarrhea	Pt education, Drink plenty of fluids
Advair MDI	Corticosteroid / LABA	bronchodilator & reduces inflammation in lungs	Thrush, sore throat	rinse out mouth after each use, good oral care
Proventi MDI	Beta 2 Agonist	Bronchodilator	Anxiety, PHE, jittery	Pt holding on pressure
LR	Ionotropic Crystalloid	Supports circulating volume & fluid electrolytes	could cause edema	Assess IV site, watch for hyperkalemia, infiltration of IV

All patient teachings

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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	2nd pregnancy, infections, hormone issues, ROM
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Early birth, increased infection risk, feeding problems	Baby is over 37 weeks so risks are lower, but baby could still be small or have trouble regulating temperature, or lungs may have difficulty since baby is 38 5 weeks, but it's not as likely

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.	Labor not progressing?	uterine rupture	variable or early decels	late decels
What assessments are needed to identify complications early?	VE's, Contractions & FHR monitoring	VE, contractions & FHR monitoring, Assess for bleeding US	FHR monitoring, contraction monitoring	FHR monitoring, contraction monitoring, fetal position
What nursing interventions will the nurse implement if the complication develops?	Administer oxytocin, try other methods to stimulate labor progression	Notify physician, Resuscitation efforts, IV's, & fluids Foley, blood, O ₂	repositioning of mom if needed	Reposition mom (4 ways) Turn off oxytocin, ↑ IV fluids (normal) O ₂ 10L, Notify physician, Turbathin maybe

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	Assess for signs of True/Early Labor	
Goal/Outcome	Determine if True Labor & Progression/Stage of Labor	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. V/S, FHR	1. Get a baseline for mom & baby	1. Hoping to see V/S WNL & good FHR between 110-150
2. Contractions (Frequency, duration, intensity)	2. Determine how far apart they are & if they are strong enough to move baby down	2. Hoping to not have more than 5-10 min, hope good strength & direction w/ breaks between
3. VE Assess membranes, effacement & dilation	3. To determine stage of labor & progression	3. No excessive bleeding, full effacement, baby engaged, dilation progression

