

Student Name: Morgan Brooks

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	PT	AB	L <u>1</u>	M
Blood Type / Rh: <u>O -</u>		Rubella Status: <u>Immune</u>			GBS Status: <u>negative</u>			
Complication with this or Previous Pregnancies: <ul style="list-style-type: none"> 1st pregnancy: hx of preeclampsia 2nd pregnancy: Still born at 39 wks 								
Chronic Health Conditions: <u>gestational diabetes, maternal obesity, PP depression</u>								
Allergies: <u>Morphine</u>								
Current Medications: <u>Insulin, prenatal vitamins</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>↓ fetal movement</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>electronic fetal monitoring</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>Novolog</u>	<u>insulin</u>	<u>works as the key for glucose to enter the cells, helps reduce blood glucose levels</u>	<u>hypoglycemia HA diarrhea dyspepsia</u>	<ul style="list-style-type: none"> • Be sure to eat right before or right after injection to avoid hypoglycemia • monitor for shaking, N, HA, sweating/chills • rotate sites of injection to avoid lipodystrophy
<u>PNU - prenatal multivitamins + DHA</u>	<u>PNU</u>	<u>provide supplements for essential nutrients to support a healthy pregnancy</u>	<u>Constipation diarrhea N abd pain</u>	<ul style="list-style-type: none"> • should not be used as a first line defense. Most nutrients should come from your diet first • drink plenty of fluids to prevent constipation • walk & eat fiber to ↓ constipation
<u>Acetaminophen</u>	<u>analgesic</u>	<u>Inhibition of prostaglandin synthesis</u>	<u>dizziness disorientation urticaria</u>	<ul style="list-style-type: none"> • Contact physician if you notice any swelling, redness, itching • do not exceed daily recommended limit: 4 g/day • watch for N, N, loss of appetite, upper abd pain, fatigue, malaise
<u>Sudafed</u>	<u>decongestant</u>	<u>drug causes vasoconstriction which help drain mucous which return helps w/ breathing</u>	<u>palpitation tachycardia insomnia tremor occipital HA</u>	<ul style="list-style-type: none"> • do not use w/in 14 days of an MAOI (antidepressant) • Contact provider if you notice any dizziness, sleeplessness, nervousness • can ↑ BP: Monitor for severe HA, nosebleeds, chest pain, vision changes, N/V

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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
Gestational diabetes	↑ in estrogen, progesterone & human Placental lactogen ↑ insulin resistance
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
hypoglycemia	In womb baby was producing its own insulin to protect against moms glucose level & when its born its still producing all this insulin but there is no glucose to counteract the production causing the baby to become hypoglycemic at birth

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.	Infections / UTI's	Ketoacidosis / Maternal death	hypoglycemia	Resp. distress Syndrome
What assessments are needed to identify complications early?	labs (WBC)	UA	blood sugar	Check skin color when baby is born
What nursing interventions will the nurse implement if the complication develops?	• Encourage frequent urination • hb	• bring down blood glucose levels slow w/ insulin & glucose running at the same time and adjusting rate based off readings	be prepared when baby is born & immediately feed w/ formula or breast milk	administer O2

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	maternal & fetal monitoring		
Goal/Outcome	track changes & intervene to improve outcome		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. EFHM 2. Blood sugar 3. Blood pressure	1. track babies HR to notice any changes 2. Hyperglycemia if left untreated can lead to ketoacidosis which can lead to mom/baby demise 3. ↑ BP can lead to more severe outcomes like seizures, impaired liver function, & swelling	1. notice when changes occur & critically think & intervene to help changes 2. by monitoring BS we can see changes & intervene if BS gets too high to prevent further complications 3. we can prevent further complications if we continue to monitor BP & tx any concerns we have	

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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
 - o Position _____ verified prior to version @ _____
 - o Position _____ verified after version @ _____

Additional Notes is needed:

Procedure ended @ _____
_____ RN

Nurses Signature:

Student Name: _____

Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none">• Name/age• G P T PT AB L M EDB / / Est. Gest. Wks.:• Reason for admission
Background
<ul style="list-style-type: none">• Primary problem/diagnosis• Most important obstetrical history• Most important past medical history• Most important background data
Assessment
<ul style="list-style-type: none">• Most important clinical data:<ul style="list-style-type: none">• Vital signs• Assessment• Diagnostics/lab values<i>Trend of most important clinical data (stable - increasing/decreasing)</i>• Patient/Family birthing plan?• How have you advanced the plan of care?• Patient response• Status (stable/unstable/worsening)
Recommendation
<ul style="list-style-type: none">• Suggestions for plan of care

the copy _____

IV site _____ IV Maintenance _____

Pain Score _____ Treatment _____

Medications Given _____

Fall Risk/Safety _____

Diet _____

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes: