Student Name: _Patty Barcas_

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

Patient initials: aJ				Date of Admission: Today				
EDD:	Gest. Age 39	G 2	P 2	T 1	PT Ø	AB Ø	L 1	M Ø
Blood Type / Rh:		Rubella Status:				GBS Status:		

Complication with this or Previous Pregnancies:
none

Chronic Health Conditions:
asthma

Allergies:
Pcn, morphine

Current Medications:
Prenatal vitamins, singular, advair mdi, Proventil mdi

Patient Reported Concern Requiring Outpatient Evaluation:
Contracting every 10 min for the last hour

What PRIORITY assessment do you plan based on the patient's reported concern?
Check dilation, how far the contraction are,

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
Singulair	leukotriene inhibitor	helps prevent asthma attacks	fever, ear pain h/a, diarrhea	monitor resp status, watch for mood changes
Advair MDI	bronchodilator & steroid	relaxes the airway muscles to help c̄ breathing	h/a, muscle pain, n/v, back pain	resp assessment, proper technique,
Proventil MDI	broncho- dilator	relaxes airway & brings more air into the lungs	chest pain, dizziness, h/a cough	resp function, look at heart rate & bp
prenatal vitamins	multi vitamins	different vitamins found in food but in one tablet	n/v, constipation, itching, tarry stools	ed on importance of prenatal vitamins for mom & baby

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Student Name:_____

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
Labor at 39 weeks	the body is starting too contract to get baby out
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Fetal Distress	labor could be prolonged & contractions could cause baby to lose O2 & be very stressed

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.	Extreme Pain	Uterine Inversion	Fetal Stress	Fetal Hypoxia
What assessments are needed to identify complications early?	pain assessment	lower abd pain vaginal bleeding	fetal heart rate monitor & uterine contraction pattern	fetal heart rate monitoring & amniotic fluid assessment
What nursing interventions will the nurse implement if the complication develops?	breathing techniques epidural, spinal block	Stop Oxytocin give terbutaline & abx	reposition the mom ⤷ ① Lateral side	4 T's turn mom turn off Oxytoch turn on O2 turn on IVF

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 Vital Signs	
Goal/Outcome	detect for hypertension or fever	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Fetal Heart Rate	1. make sure the baby is doing okay during labor	1. the baby does well during labor and isn't super stressed out
2. Uterine Contractions	2. to know the stage & progression of the labor	2. the labor goes through each stage s̄ any terrible complications
3. Emotional Support	3. to let mom know that I'm with her & will help her through the labor	3. Mom knows she can lean on me as her nurse to help during this time

Student Name:_____

Outpatient Evaluation Orders

1. Admit as Outpatient to the OB Triage assessment center
2. Vital signs on admission as needed
3. Fetal Heart Monitor obtain 20-30 minute strip to evaluate fetal status
4. Non-Reassuring Fetal Heart Rate Patterns implement Intrauterine resuscitation and notify provider
5. Monitor uterine activity to evaluate for labor status
6. Cervical exam if no active bleeding or history of placent previa to determine Labor or SROM (no nitrazine test prior to use of lubricant)
7. Notify provided of evaluation for admission or discharge orders

Physician Signature: **Baby Delivery, MD**   **Date &Time: Today @ 0600**

This Section is to be completed in the Sim center- do not complete before!

Fetal Assessment:

Position determined by Leopolds _____

Place an X in the circle to document point or maximum impulse for FHR

Time	Temp	B/P	P	R	Uterine Activity Freq / Dur. / Str.	Dil. / Efa. / PP / Stat cm / % / /	FHR /Var. /Acel. / Decl.	Pain	Comments

Student Name:_____

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 @ _____   **Nurses Signature: _____RN**

Student Name:_____

Professional Communication - SBAR to Primary NURSE

Situation
• Name/age • G   P   T   PT   AB   L   M   EDB   /   /   Est. Gest. Wks.: • Reason for admission
Background
• Primary problem/diagnosis • Most important obstetrical history • Most important past medical history • Most important background data
Assessment

• Most important clinical data:
    • Vital signs
    • Assessment
    • Diagnostics/lab values
   Trend of most important clinical data (stable - increasing/decreasing)
• Patient/Family birthing plan?
• How have you advanced the plan of care?
• Patient response
• Status (stable/unstable/worsening)

Recommendation
• Suggestions for plan of care

therapy O2 _____

IV site_____IV Maintenance _____

Pain Score _____Treatment_____ _____

Medications Given_____

Fall Risk/Safety _____

Diet _____

Last Void_____ Last BM _____

Intake_____ Output:_____

Notes: