

Student Name: Trinity Culpepper

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: OP CW			Date of Admission: now					
EDD:	Gest. Age 38 2/7 weeks	G 3	P 2	T 3	PT 0	AB	L 1	M 0
Blood Type / Rh: FIND OUT		Rubella Status: FIND OUT			GBS Status: ask about/check labs			
Complication with this or Previous Pregnancies: Hx of preeclampsia (1st pregnancy) and previous stillborn (2nd pregnancy)								
Chronic Health Conditions: gestational HTN, gestational diabetes since 3rd trimester								
Allergies: morphine								
Current Medications: insulin and prenatal vitamins								
Patient Reported Concern Requiring Outpatient Evaluation: decreased fetal movement								
What PRIORITY assessment do you plan based on the patient's reported concern? FHR & fetal movement – assess moms BP again								

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
Prenatal vitamins	multivitamins	helps give mom vitamins and baby gets nutrients from mom and her storage	stomach pains, GI upset or constipation changes in blood glucose	-watch and warn mom of the black tarry stools which can occur as a SE -report numbness and tingling -DO not take if has anemia
Insulin	T1 or T2 DM MED	made by pancreas but can have a lack of it for gestational use therefore gestational diabetes can occur.	weakness, tiredness, sore throat, irritation HA, Hypokalemia	-Watch electrolytes, K+ -observe for tremors poor and random side effect HYPOglycemia going the opposite way, overtreating
LR bolus	ISOtonic fluid	mimics human plasma concentration... used for fluid replacement and resuscitation same osmotic pressure as the blood used for intrauterine resuscitation	fluid volume overload high electrolytes	watch serum electrolytes respiratory assessment, I&Os, weights, pulmonary edema/s/s of fluid volume overload
Oxygen		helps give rbc more oxygen to carry on its back		watch O2 sats, lowest amount needed, for short period of time

Pathophysiology

Interpreting clinical data - state the pathophysiology of the reported problem in your own words.

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Make sure to include both the maternal and fetal implications

Medical/Obstetrical Problem	Pathophysiology of Medical/Obstetrical Problem
mother's HYPERTension	high blood pressure means baby is probably not getting adequate oxygenation, or even blood flow
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
lack of movement can mean distress	movement = baby's health, so a lack of it is not good. Evaluate baby's HR

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	hellp syndrome/eclampsia	fetal distress	fetal demise
What assessments are needed to identify complications early?	maternal vital signs	check urine for proteins	FHR monitor possible internal	FHR and movement
What nursing interventions will the nurse implement if the complication develops?	mag sulfate possibly/call and ask doc BP needs to be controlled, maternal rest	IUR and notify doc for possible mag sulfate corticosteroids to pause labor & fetal lung maturity	probable delivery coming soon control maternal BP/admin meds	familial care, photos of baby, memory box emotional care and support

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	Check on Baby see where HR is IUR		
Goal/Outcome	keep baby safe and no distress		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
<ol style="list-style-type: none"> 1. FHR monitor placed observe for membrane rupture 2. maternal vital signs 3. labs drawn/UA 	<ol style="list-style-type: none"> 1. check and see what that BP is at 2. need to see what Baby's HR is doing 3. check for proteins and glucose 	<ol style="list-style-type: none"> 1. lowered BP/maintainable BP 2. Looking for Acels, and activity on that monitor 3. to find out if urine is spilling proteins 	

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Professional Communication - SBAR to Primary NURSE

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

O2 therapy _____

IV site _____ IV Maintenance _____

Pain Score _____ Treatment _____

Medications Given _____

Fall Risk/Safety _____

Diet _____

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes: