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

Patient initials: A.J.				Date of Admission:04-29-2025				
EDD:03-27-2025	Gest. Age 38 5/7	**G** 2	**P** 1	**T** 1	**PT** 0	**AB** 0	**L** 1	**M** 0
Blood Type / Rh: O +			Rubella Status: Immune			GBS Status: Positive		
Complication with this or Previous Pregnancies:None								
Chronic Health Conditions:Asthma								
Allergies: Penicillin & Morphine								
Current Medications: Prenatal vitamins, Singular, Advair MDI, Proventil MDI								
Patient Reported Concern Requiring Outpatient Evaluation: She has been contracting every 10 minutes for the last hour								
What PRIORITY assessment do you plan based on the patient's reported concern? VS hourly, Apply FHM, Assess FHR Patterns accordingly,								

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	Supplement	Supplement containing vitamins & minerals to support healthy fetal development in for women who are pregnant	Constipation Nausea	Eat foods high in fiber & increase H2O, possible stool softener PRN Take vitamins after a meal Take as prescribed
Singulair Montelukast	Leukotriene Modifiers	Treats symptoms of allergies /asthma	Body aches/pain, cough, diff.in breathing, jt. pain	May cause low birth wt., preterm delivery and preeclampsia (HTN) which can lead to seizures (eclampsia) and Take exactly as prescribed. Do not stop suddenly
Advair MDI	Bronchodilator combination	Maintenance treatment for asthma	Fungal infections of mouth & throat. Hoarseness, cough	Rinse your mouth with H2O and SPIT out. Shake inhaler for at least 5 seconds before each spray. Wait at least ½ minute between doses. Store med away from high heat,

				sunlight & open flame. Do Not use more than 2x day.
Proventil MDI (Albuterol)	Beta 2 Agonist (Bronchodilator)	They help to open the airway in the lungs. Fast acting for treatment of asthma. Treat or prevent bronchospasm and to prevent exercise induced bronchospasm	Shakiness in the legs, arms, hands or feet. Tachycardia, HA	Get RX refilled before you run out. Uncontrolled asthma during pg may increase low birth wt, increase risk of premature birth, or eclampsia. May not be safe to breastfeed while using Proventil

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
Pt is experiencing contractions q 10 min for 60 minutes	contractions
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Baby may be born at 38 5/7 weeks	May have low birth wt,

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.	Early onset of labor	Early onset of labor with pre-eclampsia or HELLP	Possible breathing problems and low birth wt.	HELLP complications with birth
What assessments are needed to identify complications early?	VS, monitor and assess cervix, effacement, and labor progression	VS, CBC to test for protein and CMP, Hgb, Hct, RUQ pain, NV	FHR, Fetal mvmt, low birth wt.	Fetal death, decreased oxygenation,IGR
What nursing interventions will the nurse implement if the complication develops?	Left lateral position, Prepare for delivery, notify dr, administer antibiotic for GBS + if in labor	Monitor for Abruptio placenta, monitor vision, prep for delivery, prep for seizure precaution, monitor for pulmonary edema	S/S of low birth wt. and possible breathing problems Corticosteroid therapy,	Late decelerations Corticosteroid therapy, monitor for fetal compromise

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	Administer Magnesium Sulfate to prevent seizures. Administer meds to treat BP, and Reduce possibility of Magnesium Toxicity
Goal/Outcome	Improve placental blood flow and fetal oxygenation as well as prevent seizures and other complications

Student Name:_____

| Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1.Assess and treat Blood pressure	1. Give antihypertensive medicine	1.Perform actions that minimize the risk for increase in BP
2.Prevent Seizures	2.Give Mg. Sulfate to decrease risk of seizures	2.Perform actions that minimize the risk for seizures and prevent injuries if seizures do occur.
3.Assess for Magnesium Toxicity	3.Check for Clonus, Hyperreflexia, Respiratory rate, and Oxygen saturations	3. Perform actions that reduce the possibility of magnesium toxicity

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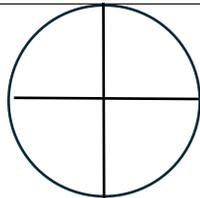
Time	Temp	B/P	P	R	Uterine Activity Freq / Dur. / Str.	Dil. / Efa. / PP / Stat cm / % / /	FHR /Var. /Acel. / Decl.	Pain	Comments

Student Name:_____

						4			

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**
   - **Position _____ verified prior to version @_____**
   - **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

O2 therapy _____ _____

IV site_____ _____IV Maintenance _ _____

Pain Score _____Treatment _____ _____

Medications Given_____

Fall Risk/Safety _____ _____

Diet _____ _____

Last Void_____ Last BM _____ _____

Intake_____ Output:_____ _____

Notes: