IM6 Student Learning Outcomes				
Safety & Quality	**Clinical Judgment**	**Patient Centered Care**	**Professionalism**	**Communication & Collaboration**
Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.	*Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.*	*Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.*	*Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.*	*Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.*

Safety & Quality:

Clinical Judgment:

Patient Centered Care: I asked Alice about her birth plan, and she shared that she prefers a natural delivery if possible. I respected her preferences by involving her in decision-making and explaining how we could support her birth goals while still prioritizing her and the baby's safety.

Professionalism: I used active listening, eye contact, and a calm tone when Alice told me about her concerns about financial assistance. I validated her feelings by saying, "It's completely normal to be concerned, but try to relax to increase the chances of a safe delivery & I will look for resources to provide assistance."

Communication & Collaboration:

Student Name: Alexis Glass

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: AJ			**Date of Admission:**					
EDD: 3/27	**Gest. Age**	**G 2**	**P 1**	**T**	**PT**	**AB**	**L 1**	**M**
Blood Type / Rh: O+			**Rubella Status: immune**			**GBS Status: +**		
Complication with this or Previous Pregnancies: **GBS +**								
Chronic Health Conditions: **Asthma**								
Allergies: **Penicillin, ~~Morphine~~**								
Current Medications: PNV-Nature Made Prenatal Multi + DHA, Acetaminophen, Ibuprofen, Singular, Advair MDI, Proventil MDI								
Patient Reported Concern Requiring Outpatient Evaluation: **Early labor, contracting every 10 mins.**								
What PRIORITY assessment do you plan based on the patient's reported concern? FHR, VS, cervical exam								

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
Advair MDI	Corticosteroid	reduce airway inflammation	Thrush Voice changes	Monitor lung sounds, rate & resp Advise pt to rinse mouth with water after each use
Proventil MDI	Short-acting Beta-2 Adrenergic agonist	Bronchodilator	Tachycardia tremors	Teach pt to use for rescue use Monitor lungs, O2 saturation, BPM
Singular	Leukotriene Receptor Antagonist	Blocks airway inflammation, bronchoconstriction, and mucus production	Headache fatigue	Monitor resp status Advise pt to continue using even when symptoms are controlled
Prenatal vitamins	multivitamin	Supports maternal nutrition needs during **pregnancy** and **lactation**	Constipation nausea	Increase fluids/fiber to prevent constipation Teach importance of daily use to help prevent NTD's

Student Name: Alexis Glass

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 at 38 weeks 5 days GBS + & possible mild preeclampsia	Uterus is contracting at regular intervals & 3cm dilated & 75% effaced, indicates progressive cervical ripening;
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Potential risk for fetal hypoxia & reduced uteroplacental blood flow Neonatal GBS infection	Considering the mothers increasing BP & protein in urine, this could impair the oxygen & nutrient delivery to the fetus due to vasoconstriction

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.	Prolonged labor Maternal fatigue	Progression to preeclampsia	GBS transmission	Fetal hypoxia, sepsis, reduced placental perfusion
What assessments are needed to identify complications early?	Monitor contractions & cervical changes; check BP & urine for protein	Continuous fetal monitoring & constant monitoring of BP & urine	Monitor FHR for Decelerations, tachycardia or s/s of distress	Newborn assessment Blood cultures
What nursing interventions will the nurse implement if the complication develops?	Comfort measures Encourage position changes IV abx Monitor VS & urine	IV abx Notify HCP for ↑ BP	ABX, document	Continuous monitoring, possible NICU admission

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	Monitor for signs of preeclampsia	
Goal/Outcome	Detect and prevent worsening maternal hypertension or complications	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Assess BP every 1–2 hours	1.early identification of developing preeclampsia or worse	1. BP remains stable
2. Evaluate urine for protein	2. early identification of a worsening hypertensive crisis	2. no protein detected in urine
3. Monitor for headache, visual changes, RUQ pain	3. monitor for prodromal s/s of preeclampsia	3. preeclampsia does not develop & baby is delivered safely

Student Name: Alexis Glass

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 placenta previa to determine Labor or SROM (no nitrazine test prior to use of lubricant)
7. Notify provided of evaluation for admission or discharge orders

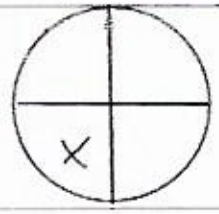
Physician Signature: *Baby Delivery, MD* **Date &Time:** **Today @ 0600**

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

Fetal Assessment:

Position determined by Leopolds Occiput

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
8:30	98.6	139/65				4/75%	146		

Student Name: Alexis Glass

Additional Nurses Notes:

- taught about s/s to monitor @ home - time, color, odor
- pt discharged to progress labor @ home
- Adv'd pt to take less than 3000mg/day of OTC pain meds

Procedure Notes:

Circle Procedure Performed: **Amino** **BPP** **NST** **CST** **US** **Labor Eval** **SROM Eval.** **Version**

Documentation for Invasive Procedure:

V/S prior to procedure @ 98.6 T 131/65 B/P _____ P _____ R _____ FHR 140

Consent (if required) verified prior to procedure **Yes** **No**

Provider arrived @ n/a

Timeout @ n/a **prior to procedure by** _____ MD _____ RN

Procedure started @ n/a

Procedure performed by n/a 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

Physician Signature _____ MD

Student Name: Alexis Glass

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age AJ | 24 y/o
- G2 P1 T PT AB L1 M EDB 3/27/xxxx Est. Gest. Wks.: 38 wks | 5 days
- Reason for admission n/a

Background

- Primary problem/diagnosis early labor
- Most important obstetrical history hx of pre-term labor, ↑ BP, asthma
- Most important past medical history GBS+
- Most important background data hx of pre-term labor, ↑ BP

Full code
- allergic to PCN
- asthma med @ home

Assessment

- Most important clinical data:
  - Vital signs 139/65, T 98.6
  - Assessment cervical exam, UA - protein, VS
  - Diagnostics/lab values trace levels of protein
- *Trend* of most important clinical data (stable - increasing/decreasing) stable
- Patient/Family birthing plan?
- How have you advanced the plan of care? no, discharged
- Patient response acceptive
- Status (stable/unstable/worsening) stable

cervical exam
- 4cm 75% effaced

- dipstick - protein

Recommendation

- Suggestions for plan of care
- Continuous monitoring for ROM
- monitor intake of OTC pain meds
- monitor VS + UA (↓ BP, ↓ protein)
- advised to return when contractions are less than 5mins apart
- taught about T vs F labor

O2 therapy _____

IV site _____ IV Maintenance _____

Pain Score _____ Treatment _____

Medications Given _____

Fall Risk/Safety _____

Diet _____

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes:
- adv'd pt to take OTC pain meds not to exceed 3000mg/day
- referred to SS for financial assistance

NAME: Alexis Glass DATE: 5/8/25

POST-CLINICAL REFLECTION **OB Simulation Reflection - due on Thursday by 2359**

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

Reflection Question	Nurse Reflection
What feelings did you experience in clinical? Why?	The feelings I experienced in clinical was initially anxiety but by the end of the day, those feelings were gone. I had this feeling because I didn't know what to expect and I felt like I didn't prepare enough
What did you already know and do well as you provided patient care?	I was already familiar with my patients background and because of that, I was able to recognize issues before they arised.
What areas do you need to develop/improve?	I need to improve and develop more in knowing what to do during emergencies and figuring out the best times to contact MD.
What did you learn today?	I learned what interventions to perform when unexpected issues arise.
How will you apply what was learned to improve patient care?	I will be prepared to intervene upon first entry into patients room. I will pay very close attention to my patients so I can intervene early.
Please **reflect** on how your OB simulation learning experience assisted in meeting 2-3 of the **Student Learning Outcomes.**	1. OB simulation taught me professionalism by helping me use therapeutic communication 2. OB simulation improved my safety + quality by helping me practice skills I haven't used in a while 3. OB simulation improved my clinical judgement because I was able to participate in real life situations + simulate what evidence based data has proven to be beneficial