

Student Name: Madison Hiser

Outpatient Preparation Worksheet - OB Simulation

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

| | | | | | | | | |
|--|-----------|---------------------------------|------------|------------|-----------------------------|-------------|------------|------------|
| Patient initials: <u>AJ</u> | | Date of Admission: <u>Today</u> | | | | | | |
| EDD: <u>3/27/xx</u> | Gest. Age | G <u>2</u> | P <u>1</u> | T <u>1</u> | PT <u>0</u> | AB <u>0</u> | L <u>1</u> | M <u>0</u> |
| Blood Type / Rh: <u>O, RH+</u> | | Rubella Status: <u>Immune</u> | | | GBS Status: <u>Positive</u> | | | |
| Complication with this or Previous Pregnancies: <u>N/A</u> | | | | | | | | |
| Chronic Health Conditions: <u>Asthma</u> | | | | | | | | |
| Allergies: <u>Penicillin</u> | | | | | | | | |
| Current Medications: <u>PNV-nature made prenatal multi + DHA acetaminophen, Ibuprophen</u> | | | | | | | | |
| Patient Reported Concern Requiring Outpatient Evaluation: <u>early labor</u> Patient reports she has been contracting every 10 mins the last hour | | | | | | | | |
| What PRIORITY assessment do you plan based on the patient's reported concern? - assess FHR, Cervical Status, contraction assessment - determine if true vs false labor | | | | | | | | |

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 | Vitamin | Provides vitamins needed to support baby's growth | N/V/D, constipation, black stools, headache | take with food - fluids to help with constipation |
| Singular | Leukotriene | - prevent asthma attacks | - agitation, flu like symptoms, shivering, anxiety, stomach pain | - no additional doses - not for acute asthma attacks |
| Advair MDI | Cortico + long act. inhaler | Combo medicine to prevent asthma attacks | - oral thrush, headache, tremor | * not a rescue med Avoid if allergic to milk * rinse mouth after use |
| Proventil MDI | Short acting inhaler | Relaxes muscles, increases airflow to lungs, relieves bronchospasm | - tachycardia, upset stomach, dizziness | * monitor HR * rescue inhaler (proper use?) |

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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 |
|-----------------------------|--|
| EARLY LABOR | Cervix begins to efface/dilate. |
| Fetal/Newborn Implications | Pathophysiology of Fetal/Newborn Implications |
| Changes in heart rate | if contractions get stronger/closer together |

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 | infection (GBS) | temporary changes in heart rate | not enough oxygen |
| What assessments are needed to identify complications early? | check contract and cervix | check moms water vitals, broke | check baby FHR → | |
| What nursing interventions will the nurse implement if the complication develops? | change moms position often | watch vs. antibiotic therapy | Notify Dr if abnormal -4 turns → | |

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 | watching both mom/baby to ensure safety | |
|--|--|--|
| Goal/Outcome | progression and comfort | |
| Priority Assessment/Intervention(s) | Rationale | Expected Outcome |
| 1. vitals in normal limits (FHR/moms) 2. contraction pattern 3. cervical changes | 1. watch for complications 2. frequency, duration, regularity 3. dilation and effacement | 1. maintains stable vitals 2. no signs of fetal distress 3. progress appropriately |