

Student Name: marcela guevara

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>C.W</u>				Date of Admission:				
EDD: <u>08-10/XX</u>	Gest. Age: <u>38 2/7 wks</u>	G: <u>3</u>	P: <u>2</u>	T: <u>2</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>Negative</u>		
Complication with this or Previous Pregnancies: <u>Past: hx preclampsia + still born bby</u> <u>Present: ↓ fetal movement + GD + OHP depression</u>								
Chronic Health Conditions: <u>N/A</u>								
Allergies: <u>Morphine</u>								
Current Medications: <u>Prenatal vits, NOVolog insulin, acetaminophen + Sudafed</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>↓ fetal movement</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Assess for FHR w/ EFM + NST</u>								

to management of care OKicks

Pharmacology

Review patient home medications and any drug(s) ordered for the outpatient.

Medications	Pham. Class	Mechanism of Action in OWN WORDS	Common Side Effects	Assessments/Nursing Responsibilities
<u>Prenatal vit</u>	<u>Vit/mineral SUPP.</u>	<u>gives mom extra nutrients to help bby grow during pregnancy</u>	<u>N/GI upset constipation Dark stool</u>	<u>Give w/ food Assess diet + nutrition milk, coffee, tea = ↓ absorption</u>
<u>NOVolog</u>	<u>Insulin rapid act</u>	<u>lower blood sugar w/</u>	<u>hypoglycemia ↓ K⁺</u>	<u>S/S of ↓ BS CHECK BS Give 15-10 min before meals</u>
<u>acetaminophen</u>	<u>Analgesic NSAID</u>	<u>reduce fever + pain</u>	<u>NIV, constipation Insomnia</u>	<u>Asses pain/fever Report yellow skin/eyes, dark urine or sever abd pain</u>
<u>Sudafed</u>	<u>Adrenergic agonist (decongestant)</u>	<u>relieves nasal congestion</u>	<u>Insomnia na ↑ HR dizziness</u>	<u>Monitor HR + BP (bc it can ↑) Avoid caffeine Report chest pain, severe dizziness Fast HR</u>

Student Name: _____

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
↓ fetal movement IUR	can be caused by poor oxygenation to bby causing hypoxia + ↓ movement. EX: cord comp, placental insuff, umbilical cord issues, Oligo, hydr, vrosis
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
fetal demise (stillbirth)	bbypasses due to poor oxygenation, or fetal distress leading into doing IUR

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.	emotional + psychological stress	emergency c-section	fetal hypoxia or distress	still birth
What assessments are needed to identify complications early?	early NST + frequent FHM	vaginal bleeding Rom. abd pain contractions	NST + doppler biophysical profile Kick count	NST/BPP doppler
What nursing interventions will the nurse implement if the complication develops?	4 turns (IUR)	emergency delivery	4 turns	prep for delivery

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	Prevent emergency delivery	
Goal/Outcome	Get oxygenation + perfusing back to bby	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. FHR monitoring (NST/EFM)	1. Detects early signs of fetal hypoxia or distress.	1. FHR reactive (110-160) + early intervention if bby stressed
2. Maternal Assessment (VS + symptoms)	2. Watch for sis HTN, infection + preclampsia bc it can ↓ fetal O2	2. Stable VS + no complication
3. Kick counts	3. This is 1st warning sign of fetal compromise	3. mom can report adequate + reg fetal movement or decrease movement + need to evaluate

Additional Nurses Notes:

It is getting admitted for AROM bc of ↓ fetal movement
 + test weren't active. We started Pen G bc we did 2 VE
 to ↓ infection. We are going to get consent for
 delivery + requested an epidural.

Procedure Notes:

Circle Procedure Performed: Amino BPP NST CST US Labor Eval SRM Eval Version

Documentation for Invasive Procedure:

V/S prior to procedure @ 1955 T 99.5 B/P 135/91 P 101 R 19 FHR 140

Consent (if required) verified prior to procedure Yes No

Provider arrived @ _____

Timeout @ 1045 prior to procedure by _____ MD Marcela 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: Marcela govarava RN

Physician Signature _____ MD

Professional Communication - SBAR to Primary NURSE

Situation	
• Name/age	
• G 3 P 2 AB L 1 EDB / / Est. Gest. Wks.: 38 2/7 wks	
• Reason for admission	Decrease fetal movement
Background	
• Primary problem/diagnosis	Decrease fetal movement
• Most important obstetrical history	Pre eclampsia + stillborn @ 39 wks
• Most important past medical history	N/A
• Most important background data	Has GD + baby wasn't moved w/ intervention
Assessment	
• Most important clinical data:	
• Vital signs	F: 99.5 F BS: 101 P: 101 RR: 19 0 pain
• Assessment	3cm @ 50% fundus 41cm; FHR minimal varb w/ FHR 140, no late decel
• Diagnostics/lab values	Pending
Trend of most important clinical data (stable - increasing/decreasing)	
• Patient/Family birthing plan?	
• How have you advanced the plan of care?	wasn't able to discuss
• Patient response	pt is ready to get baby
• Status (stable/unstable/worsening)	pt stable but baby still has ↓ fetal movement
Recommendation	
• Suggestions for plan of care	Get birthing plan settle, help mom be comfortable since she has a v. painful.

O2 therapy N/A

IV site N/A

IV Maintenance None

IV Drips None

Anesthesia Local / Epidural / Spinal / General

Episiotomy N/A Treatment N/A

Incision N/A Dressing N/A

Fundus Location _____ Firm / Boggy

Pain Score _____ Treatment _____

Fall Risk/Safety BR due to FITN

Diet Ice chips

Last Void _____ Last BM _____

Intake N/A Output: N/A

Notes: Sister at bedside wants epidural

BS: 102

PNC GI started 2.51pm

We gave popsicle + ice chips.

Family was giving red bull + takis + educated them not to.