Student Name: _Kindal King_

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

Patient initials: SR					Date of Admission:				
EDD: 12/8	**Gest. Age** 36	**G** 1	**P** 0	**T** 0	**PT** 0	**AB** 0	**L** 0	**M** 0
Blood Type / Rh: O+		**Rubella Status:** Immune				**GBS Status:** Neg		

Complication with this or Previous Pregnancies:
Breech @ 35 wks

Chronic Health Conditions:
Ø

Allergies:
morphine ?

Current Medications:
Prenatals

Patient Reported Concern Requiring Outpatient Evaluation:
Version

What PRIORITY assessment do you plan based on the patient's reported concern?
FHR

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
Prenatals	vitamins	Provide more vitamins/minerals during pregnancy	Stomach upset, changes in glucose level	assess labs
Terbutaline	tocolytic	prevents contractions	Shaking, N/V, dizziness	monitor FHR

1

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
Breech	Baby's butt is facing down
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Breech	not optimal birth posistion

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.	C-Section instead of vaginal	Placenta abruption	unsuccessful version	cord entanglement
What assessments are needed to identify complications early?	Leopold's	abd pain, vaginal bleeding	Leopold's	FHR
What nursing interventions will the nurse implement if the complication develops?	educate for scheduled C-Section	IUR, imminent delivery	educate for scheduled C-Section	IUR, imminent 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	FHR monitoring	
Goal/Outcome	successful version — baby is cephalic	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. continuous FHR monitoring 2. confirm mom is Rh + before 3. Monitor for vaginal bleeding	1. Identify abnormalities during version 2. determine if Rhogam is needed before 3. Placenta could abrupt	1. acceleration, No late decels or variable decels 2. no Rhogam needed 3. if abruption - imminant delivery

2

Student Name:_____

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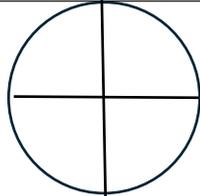
Time	Temp	B/P	P	R	Uterine Activity Freq / Dur. / Str.	Dil. / Efa. / PP / Stat cm / % / /	FHR /Var. /Acel. / Decl.	Pain	Comments

Student Name: _____

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**
    o **Position _____ verified prior to version @_____**
    o **Position _____ verified after version @_____**

Additional Notes is needed:

Procedure ended @ _____   **Nurses Signature: _____RN**

Physician Signature _____MD

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: