

Student Name: Nyah Steele

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Continuous fetal monitoring before, during, and after external version	1. Detects fetal distress early	1. FHR remains stable throughout procedure
2. Monitor maternal vital signs and uterine activity	2. Detects tachysystole, maternal intolerance, or instability	2. Stable maternal VS and no excessive contractions
3. Provide patient education and emotional support regarding procedure and potential need for C-section	3. Reduces anxiety and helps mom prepare for whatever could happen	3. Patient verbalizes understanding and demonstrates reduced anxiety.

### 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!**

<p>Fetal Assessment:</p> <p>Position determined by Leopolds <u>OP breech</u></p> <p>Place an <b>X</b> in the circle to document point or maximum impulse for FHR</p>	
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Time	Temp	B/P	P	R	Uterine Activity Freq / Dur. / Str.	Dil. / Efa. / PP / Stat cm / % / /	FHR / Var. / Acel. / Decl.	Pain	Comments
055	98.7	107/60		18		3cm 95% 0 station		0	

Student Name: \_\_\_\_\_

**Additional Nurses Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Procedure Notes:**

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

**Documentation for Invasive Procedure:**

V/S prior to procedure @ 0855 T 98.7 B/P 130/70 P \_\_\_\_\_ R 18 FHR 120

Consent (if required) verified prior to procedure  Yes  No

Provider arrived @ 9:01

Timeout @ 9:01 prior to procedure by doctor delivery MD Nyan Steele RN

Procedure started @ 9:03

Procedure performed by doctor delivery 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 @ 09:15

Nurses Signature: Nyan Steele RN

Physician Signature Dr. Bahy Delaney MD

Student Name: \_\_\_\_\_

## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"><li>Name/age Sarah Rogers</li><li>GI PD TO PTD ABO L D MD EDB 12/10/12/12 Est. Gest. Wks.: 38 weeks</li><li>Reason for admission External Version</li></ul>
Background
<ul style="list-style-type: none"><li>Primary problem/diagnosis Baby in breech position</li><li>Most important obstetrical history N/A</li><li>Most important past medical history N/A</li><li>Most important background data IS anxious about a C-section</li></ul>
Assessment
<ul style="list-style-type: none"><li>Most important clinical data:<ul style="list-style-type: none"><li>Vital signs</li><li>Assessment</li><li>Diagnostics/lab values</li></ul></li><li>Trend of most important clinical data (stable - increasing/decreasing) Stable</li><li>Patient/Family birthing plan? Mom doesn't want a C-section and really wants a vaginal birth</li><li>How have you advanced the plan of care?</li><li>Patient response</li><li>Status (stable/unstable/worsening) Stable</li></ul>
Recommendation
<ul style="list-style-type: none"><li>Suggestions for plan of care<ul style="list-style-type: none"><li>Breastfeeding <del>waiting</del> until baby clears from alcohol</li><li>Give baby time to heal</li></ul></li><li>Post-partum care is taken care of</li><li>C-section teaching if needed</li></ul>

O2 therapy \_\_\_\_\_

IV site \_\_\_\_\_ IV Maintenance \_\_\_\_\_

Pain Score 0 Treatment N/A

Medications Given Terbutaline

Fall Risk/Safety \_\_\_\_\_

Diet \_\_\_\_\_

Last Void \_\_\_\_\_ Last BM \_\_\_\_\_

Intake \_\_\_\_\_ Output: \_\_\_\_\_

Notes: