

# Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: CW				Date of Admission: Today (09/23/2025)				
EDD: 08/10/xx	Gest. Age: 38.2	G 3	P 2	T 2	PT 0	AB 0	L 1	M 0
Blood Type / Rh: O -		Rubella Status: Immune			GBS Status: Neg			
<b>Complication with this or Previous Pregnancies:</b> 1st pregnancy, history of pre-eclampsia, 2nd pregnancy stillborn at 39 weeks, 3rd trimester diagnosed gestational diabetes; controlled with insulin, Bedrest r/t high BP								
<b>Chronic Health Conditions:</b> Abnormal Glucose Tolerance Test, Previous Pregnancy Induced Hypertension, Stillbirth previous pregnancy, Maternal Obesity, PP Depression								
<b>Allergies:</b> Morphine								
<b>Current Medications:</b> *PNV (Nature Made Prenatal Multi + DHA), Acetaminophen, Sudafed, *Novolog								
<b>Patient Reported Concern Requiring Outpatient Evaluation:</b> Decreased Fetal Movement								
<b>What PRIORITY assessment do you plan based on the patient's reported concern?</b> Electronic Fetal heart monitoring, NST								

## 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
PNV Nature Made Prenatal Multi + DHA	Dietary Supplement	Supplement containing vitamins and minerals you need to support healthy fetal development	Nausea, GI upset, Constipation	1. Possible Constipation- Eating foods with more fiber and increasing how much water you drink may help with this 2. Nausea -Take after meals
Acetaminophen	Analgesic / Antipyretic	Effective in treating various types of pain including HA. Acts centrally on hypothalamic heat-regulating center, producing peripheral vasodilation & diaphoresis	EARLY SIGNS OF TOXICITY: Anorexia, nausea, diaphoresis, fatigue in first 12–24 hrs	1. Maximum 4000 mg per day 2. Assess baseline temperature and/or pain type & location 3. Caution taking with preexisting liver disorder
Sudafed	Sympathomimetic / Nasal Decongestant	Shrinks nasal mucous membranes, reduces edema & nasal congestion	Nervousness, restlessness, insomnia, tremor, HA	1. Contraindicated in severe HTN, BF moms 2. Caution with Diabetes 3. Report insomnia, dizziness, tremors, tachycardia, palpitations
Novolog	Rapid-Acting Insulin analogue	Moves glucose from bloodstream into cells	Low BS, Low K+, Thickening or hollowing of the skin where injected	1. Eat food within 15 min of injection 2. Follow sliding scale 3. Monitor BS before injection & after meal

## 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
Gestational Diabetes	Gestational diabetes causes high blood sugar that can affect a pregnancy and a baby's health
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Decreased Fetal Movement	It may indicate potential issues such as placental problems, reduced blood flow, or fetal distress

## 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.	DKA & Seizures	Death	Fetal Distress	Fetal Demise / Stillbirth
What assessments are needed to identify complications early?	Tightly manage & monitor BS	Not identifying s/s of high BS	Electronic FHM	Delay in NST or FHM
What nursing interventions will the nurse implement if the complication develops?	Tightly manage & monitor BS / IV insulin	No interventions / not checking BS	4 turns	C-Section/ Stillborn/ Death

## 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	Stabilize mother's BS & 4 turns for Baby		
Goal/Outcome	Mother's BS will return WNL & will have reactive fetal movements		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Assess mother's BS & administer insulin that is in EMAR	1. BS is too high	1. With meal, mother's BS will come down	
2. 4 Turns for baby, NST	2. Decreased Fetal movement	2. Baby will have FHR increase 15x15	
3. Monitor mother's BP q 1 hour	3. History of PIH	3. Mother will not have increase in BP	



<b>Additional Nurses Notes:</b>

**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** @ \_\_\_\_\_  
\_\_\_\_\_ RN

**Nurses Signature:**

## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> <li>• Name/age</li> <li>• G P T PT AB L M EDB / / Est. Gest. Wks. :</li> <li>• Reason for admission</li> </ul>
Background
<ul style="list-style-type: none"> <li>• Primary problem/diagnosis</li> <li>• Most important obstetrical history</li> <li>• Most important past medical history</li> <li>• Most important background data</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><i>Trend</i> of most important clinical data (stable - increasing/decreasing)</li> <li>• Patient/Family birthing plan?</li> <li>• How have you advanced the plan of care?</li> <li>• Patient response</li> <li>• Status (stable/unstable/worsening)</li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>• Suggestions for plan of care</li> </ul>

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

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

Pain Score \_\_\_\_\_ Treatment \_\_\_\_\_

Medications Given \_\_\_\_\_

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

Diet \_\_\_\_\_

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

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

**Notes:**