Student Name: **Bradley Morales**

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

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

Complication with this or Previous Pregnancies:
Breech @ 35 wks

Chronic Health Conditions:
N/A

Allergies:
Morphine

Current Medications:
Prenatal Vitamins

Patient Reported Concern Requiring Outpatient Evaluation:
@ 36 wks Schedule for Version

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

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
Terbutaline	beta agonist	delay preterm labor reduce slow contractions	HA, palpitations tremor CP N/V	Resp Assessment check V.S BP BP
Prenatal Vitamins	Vitamins	added supplements for baby growth	N/A	follow/up

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
ECV	manual turning of bb that is breech into vertex
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Breech	BB position is feet down

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.	mild uterine contractions	uterine rupture	fetal bradycardia	Placental abruption
What assessments are needed to identify complications early?	ctxd / uterine palpation	vaginal bleeding	cont. FHR	US before + after
What nursing interventions will the nurse implement if the complication develops?	breathing exercises pain mgmt	stop ECV r/o ual, ruf c-section	stop ECV 4 turn.	prep for c-section + O2 +cont FHR

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	Fetal + maternal safety
Goal/Outcome	Successful turn ?

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Cont. FHR	1. Assess for any late decels	1. no late decels + early inter
2. Admin tocolytic	2. relax uterus + slow down labor	2. delay preterm labor.

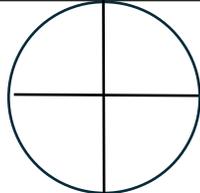| 3. Leopolds man	3. Visualize & assess baby location / position	3. Visualize baby position + confirm

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:_____

						4			

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

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: