

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 relax Bow contractions | HA, palpitations tremor CP NW | Resp Assessment Crank v-s SOB |
| Prenatal Vitamins | Vitamins | added supplements for baby growth | N/A | Follow up |
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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? | abd / uterine palpation | vaginal bleeding | cont. FHR | US before + after |
| What nursing interventions will the nurse implement if the complication develops? | breast exercises pain mgmt | get antepart + O2 sat, w/ C-section | stop ECV 4 turns | 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 intx |
| 2. Admin tocolytic | 2. relax uterus + slow down labor | 2. delay preterm labor. |

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|------------------|---|-------------------------------------|
| 3. Leopold's man | 3. Visualize & assess fetal location & position | 3. Visualize the 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 @

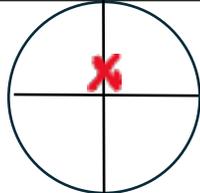
0600

This Section is to be completed in the Sim center- do not complete before!

Fetal Assessment:

Position determined by Leopolds Breach

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 |
|------|------|--------|----|----|--|---------------------------------------|--------------------------|------|----------|
| 1820 | 99.4 | 127/86 | 91 | 12 | no contractions | 3cm 90% | 180 / mod / accel | 0 | |
| | | | | | | | | | |
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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 _____ R/P _____ P _____ R _____ FHR _____

Consent (if required) verified prior to procedure **Yes** **No**

Provider arrived @ _____

Timeout @ _____ prior to procedure by _____ MD

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: 

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Professional Communication - SBAR to Primary NURSE

| Situation |
|--|
| <ul style="list-style-type: none">Name/ageG <u>1</u> P <u>1</u> T PT AB L <u>M 22 W</u> EDB / / <u>35</u> Est. Gest. Wks. :Reason for admission |
| Background |
| <ul style="list-style-type: none">Primary problem/diagnosis <u>Preconception</u>Most important obstetrical history <u>first child</u>Most important past medical history <u>N/A</u>Most important background data <u>N/A, Pt Plans to go to Mexico</u> |
| Assessment |
| <ul style="list-style-type: none">Most important clinical data:<ul style="list-style-type: none">Vital signs <u>All WNL</u>Assessment <u>Pt to now vertex</u>Diagnostics/lab values <u>Nitrazine low</u>Trend of most important clinical data (stable - increasing/decreasing)Patient/Family birthing plan <u>NO C-SECTION</u>How have you advanced the plan of care? <u>YES pt is okay & C-section if necessary</u>Patient response <u>appropriate</u>Status (stable/unstable/worsening) <u>Stable, Prep for delivery.</u> |
| Recommendation |
| <ul style="list-style-type: none">Suggestions for plan of care <u>Cont. care on PP care</u> |

O2 therapy RA

IV site Perom IV Maintenance LR @ 125 ml/hr

Pain Score 0/10 Treatment N/A

Medications Give blotoline

Fall Risk/Safety Fall risk, sidemills up 22

Diet Regular

Last Void N/A Last BM N/A

Intake N/A Output N/A

Notes: