

Student Name: Victoria Ramirez

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>SR</u>		Date of Admission: <u>4/28/XX</u>						
EDD: <u>12/8/XX</u>	Gest. Age <u>36 weeks</u>	G	P 0	T	PT 0	AB 0	L 0	M 0
Blood Type / Rh: <u>+</u>		Rubella Status: <u>Immune</u>			GBS Status: <u>Negative</u>			
Complication with this or Previous Pregnancies: <u>N/A</u>								
Chronic Health Conditions: <u>N/A</u>								
Allergies: <u>Morphine - OB version protocol orders</u>								
Current Medications: <u>PNV - Nature Made Prenatal Multi + DHA, Tylenol, & Sudafed</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>Patient reports she saw her doctor yesterday & they discussed an external version as she is fearful of a C-section.</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Leopold maneuver, & fetal heart rate</u>								

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
<u>Terbutaline</u>	<u>SABA</u>	<u>Relaxes muscles of the airways</u>	<u>Palpitations Nausea tachycardia</u>	<u>educate pt to rinse mouth after use & monitor heart rate</u>
<u>Tylenol</u>	<u>Analgesic and antipyretic</u>	<u>Changes the way the body interprets pain</u>	<u>GI upset N/V ↑ tiredness</u>	<u>Take tablet whole, do not split. only take within prescribed rxn prescription</u>
<u>Sudafed</u>	<u>Nasal Decongestant</u>	<u>Narrows the blood vessels in the nasal pathways</u>	<u>Restlessness N/V HA</u>	<u>Avoid large amounts of caffeine to prevent increased side effects</u>
<u>PNV - Nature Made Prenatal Multi + DHA</u>	<u>Prenatal Vitamin</u>	<u>Supports overall health of mom & baby and provides baby needed vitamins for healthy growth</u>	<u>GI upset change in stool color</u>	<u>Do not take more than prescribed & take with a good balanced diet as it does not contain all necessary vitamins needed on a daily basis.</u>

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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
Breech position of fetus	occurs when the fetus is positioned with buttocks closest to cervix instead of the head.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Fetal Ht abnormalities or birth trauma	stress on the fetus can lead to Ht abnormalities during the procedure. When the fetus is manipulated they may have vital sign changes since they are not used to the touch/movement.

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.	Vaginal bleeding	emergency C-section	Fetal heart rate abnormality	Cord prolapse
What assessments are needed to identify complications early?	Spotting, vaginal exam	premature rupture of membranes during exam	Fetal heart rate monitoring	Fetal distress seen on monitors
What nursing interventions will the nurse implement if the complication develops?	provide education about post procedural bleeding & provide pads	Notify provider & prepare OR	Notify MD to stop procedure or slow down	Stop procedure

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 Ht & Maternal vital signs		
Goal/Outcome	Fetus becomes in correct cephalic position		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Fetal position	1. Use ultrasound to confirm fetal position	1. Fetus is breech & needed to be turned	
2. Fetal heart rate & Wellbeing	2. Ensure baby is healthy for procedure	2. Fetal Ht is WNL	
3. Rh status of mom	3. Rhogam will need to be administered if mom is negative blood type	3. Mom & baby are ready for procedure	