

Student Name: Christine Pinili

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>A.J.</u>		Date of Admission: <u>10/27/25</u>						
EDD: <u>3/27/XX</u>	Gest. Age <u>38 5/7 weeks</u>	G <u>2</u>	P <u>1</u>	T	PT	AB	L <u>1</u>	M
Blood Type / Rh: <u>O positive</u>		Rubella Status: <u>immune</u>				GBS Status: <u>positive</u>		
Complication with this or Previous Pregnancies: <u>N/A</u>								
Chronic Health Conditions: <u>Asthma</u>								
Allergies: <u>Penicillin</u>								
Current Medications: <u>Prenatal vitamins, Singulair, Advair MDI, Proventil MDI</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>Reports contractions every 10 minutes for the last hour, early labor</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Assess contractions and FHR, perform VSE</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
Prenatal Multi + DHA	Supplement	vitamins to support mom and baby growth	Nausea constipation	Give with food (fiber) Monitor GI upset Hydrate
Singulair	Leukotriene receptor antagonist	prevents airway inflammation and constriction	Headache GI upset	Assess respiratory status for effectiveness
Advair	Corticosteroid LABA	reduces airway inflammation and relaxes airway muscles	oral thrush tremor	Rinse mouth after Assess lung sounds
Proventil	bronchodilator beta-2	relaxes smooth muscles in the airway	tachycardia nervousness	Assess HR and RR before and after

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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
Early labor at 38 3/7 weeks	contractions increasing lead to more cervical dilation and effacement
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Fetus descending and prepping for delivery	continuous contractions could cause oxygenation issues of the fetus

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.	PROM	Postpartum Hemorrhage	Variable deceleration	Fetal distress hypoxia
What assessments are needed to identify complications early?	Observe for fluid leaking ultrasound	Monitor bleeding and US (↓BP, ↑HR)	Monitor FHR and UC	Monitor FHR and UC
What nursing interventions will the nurse implement if the complication develops?	Nitrazinc test Fern test Assess FHR	Massage the fundus give uterotonics	Reposition mom left lateral	Reposition mom, O ₂ , IV bolus, notify provider

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	Assessing labor progression and fetal well-being		
Goal/Outcome	Stable maternal and fetal status, no distress		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Monitor FHR and UC (EFM)	1. Identify early signs of fetal distress	1. FHR 110-160 bpm and moderate variability	
2. Perform VSE	2. Determine labor progression	2. True labor: progressive dilation and effacement	
3. Provide comfort measures and teaching	3. Promote relaxation and reduce anxiety	3. stable VS and patient relaxed	