

Student Name: Karyme R

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>AJ Alice Jones</u>				Date of Admission: <u>11/31/25</u>				
EDD: <u>3/27/XX</u>	Gest. Age: <u>18w</u>	G: <u>2</u>	P: <u>1</u>	T:	PT:	AB:	L:	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>Group B strep +</u>								
Chronic Health Conditions: <u>asthma controlled w meds</u>								
Allergies: <u>penicillin / morphine</u>								
Current Medications: <u>Prenatal vitamins, Singulair, Advair MDI, Proventil MDI</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>reporting early labor</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Perform Leopold's to determine baby position & a VE to check dilation effacement, monitor FHR</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>Prn-Nature Made Prenatal Multi + DHA</u>	<u>vitamin prenatal supplements</u>	<u>Nutrients contribute to maternal / fetal health</u>	<u>nausea, constipation, diarrhea, GI upset</u>	<u>Pregnancy status & gest age, constipation, nausea, GI upset</u>
<u>Acetaminophen</u>	<u>non opioid analgesic antipyretic agent</u>	<u>works on CNS, ↓ synthesis of prostaglandin</u>	<u>GI upset, hepatotoxicity</u>	<u>Pain assessment, monitor GI upset</u>
<u>Ibuprofen</u>	<u>NSAID</u>	<u>↓ pain / inflammation & fever by inhibiting COX-1 COX-2</u>	<u>increased bleeding, take with food, GI upset</u>	<u>Check for anticoagulant use, VS, monitor signs of bleeding</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
early labor at 38 5/7 weeks hx of asthma	uterine contractions, & cervical changes contribute to early labor
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Uteroplacental insufficiency (caused by maternal asthma)	if contractions are too frequent, strong/prolonged → maternal hypoxia resulting in decreased fetal oxygen

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.	prolonged labor FTP	PPH	fetal distress	fetal asphyxia
What assessments are needed to identify complications early?	contraction pattern cervical exams fetal descent	fundal tone & height estimate blood loss VS bladder status	continuous FHR amniotic fluid assessment Leopolds / fundal height	FHR monitoring contraction pattern
What nursing interventions will the nurse implement if the complication develops?	encourage positioning hydration comfort meas. monitor contractions / cervical progress	assess fundal tone & location vaginal bleeding admin oxytocin	intrauterine resuscitation 4 turns	4 turns rapid NB assessment clear airway

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	assess maternal / fetal status to determine true labor		
Goal/Outcome	maintain stable VS, FHR remain WNL (110-160)		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. assess FHR pattern	1. prevent fetal asphyxia / detect early signs of distress	1. FHR remains in norm range	
2. maternal VS / Resp Status	2. monitor for signs of infection HTN or respiratory compromise	2. ensure adequate uteroplacental perfusion	
3. contraction / cervical changes	3. determine if pt is in true labor eval labor progression	3. monitor dilation / effacement	