

Student Name: Mario Sanchez

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>CW/BW</u>				Date of Admission: <u>11/3/25</u>				
EDD: <u>8/10/XX</u>	Gest. Age	G <u>3</u>	P <u>2</u>	T <u>0</u>	PT <u>0</u>	AB <u>0</u>	L <u>0</u>	M <u>0</u>
Blood Type / Rh: <u>O Rh-</u>		Rubella Status: <u>Immune</u>			GBS Status: <u>38 wks</u>			
Complication with this or Previous Pregnancies: <u>Maternal obesity, Postpartum Depression.</u>								
<u>Abnormal Glucose Tolerance test, previous pregnancy induced hypertension, stillbirth previous pregnancy</u>								
Chronic Health Conditions: <u>Previous pregnancy induced hypertension, Depression, Diabetes</u>								
Allergies: <u>Morphine</u>								
Current Medications: <u>N/A</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>Inability to stabilize temperature</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Assess V/S And temperature of baby.</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>PNV - Nature Made Prenatal Multi + DHA</u>	<u>Nutritional Supplement</u>	<u>Its a multivitamin</u>	<u>GI upset, Constipation</u>	<ul style="list-style-type: none">• Allergies• Dietary habits• GI function.
<u>Acetaminophen</u>	<u>analgesic antipyretic</u>	<u>Reduces pain and Fever</u>	<u>N/V, headache, mild rash</u>	<ul style="list-style-type: none">• monitor thrombocytopenia• change in urine output• Rash of skin
<u>Sudafed</u>	<u>Sympathomimetic</u>	<u>Relief of nasal congestion</u>	<ul style="list-style-type: none">• Anxiety• Significant hypertension• Difficult urinating	<ul style="list-style-type: none">• not used if hypertensive• monitor V/S• Give with food.
<u>Novolog</u>	<u>Rapid acting insulin</u>	<u>Controls B/s in type 1+2 at mealtime</u>	<ul style="list-style-type: none">• hypoglycemia• Rash• weight gain	<ul style="list-style-type: none">• Assess B/s• rotate injection site• correct dose/time

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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
Gestational Diabetes	Elevated Blood Glucose of mother
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Macrosomia (LGA)	Elevated insulin acts as a growth hormone making baby larger.

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.	Persistent hyperglycemia	Preeclampsia, infection.	Hypoglycemia, temp, instability	Respiratory distress, hypoxia
What assessments are needed to identify complications early?	Monitor BLS, B/P.	Monitor signs of infection or bleeding	assess blood glucose, temp, respirations	Continuous cardio respiratory monitoring
What nursing interventions will the nurse implement if the complication develops?	Monitor and control maternal BLS and B/P	Notify provider if not stable	Maintain environment and glucose and O2.	O2 administered 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	Maintain thermoregulation and prevent hypoglycemia		
Goal/Outcome	Maintain temperature and B/G.		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Maintain normal body temp.	1. Prevent heat loss and hypothermia.	1. Infant remains without signs of cold stress.	
2. Prevent hypoglycemia.	2. early feeding prevent hypoglycemia.	2. infant maintains stable glucose level.	
3. Monitor for respiratory distress.	3. Detects early signs of respiratory compromise.	3. infant maintains O2 + respirations.	