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# Outpatient Preparation Worksheet - OB Simulation

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

<b>Patient initials:</b> CW			<b>Date of Admission:</b> Today					
<b>EDD:</b> 8/10/xx	<b>Gest. Age</b> 38w2d	<b>G</b> 3	<b>P</b> 2	<b>T</b> 2	<b>PT</b>	<b>AB</b>	<b>L</b> 1	<b>M</b>
<b>Blood Type / Rh:</b> O negative		<b>Rubella Status:</b> Immune			<b>GBS Status:</b> Negative			
<b>Complication with this or Previous Pregnancies:</b> Abnormal glucose tolerance test, previous PIH, previous stillbirth, maternal obesity, PPD								
<b>Chronic Health Conditions:</b> Obesity								
<b>Allergies:</b> Morphine								
<b>Current Medications:</b> PNV-Nature Made Prenatal Multi + DHA, Acetaminophen, Sudafed, Novolog by sliding scale								
<b>Patient Reported Concern Requiring Outpatient Evaluation:</b> Decreased fetal movement								
<b>What PRIORITY assessment do you plan based on the patient's reported concern?</b> FHR assessment								

## 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
PNV-Nature Made Prenatal Multi + DHA	Prenatal vitamin	Supports fetal brain, eye, and bone development by providing essential nutrients like folic acid, iron, calcium, and DHA.	Nausea, constipation, poor aftertaste	Give as ordered, monitor glucose levels, teach s/s of ↑ or ↓ sugars
Acetaminophen	Non-opioid analgesic	Reduces pain and fever by blocking brain chemicals.	Nausea, HA, rash	Monitor pain or temp pre and post administration, DNE 4g/day
Sudafed	sympathomimetic (adrenergic) agent	Stimulates α-adrenergic receptors causing vasoconstriction in nasal mucosa to relieve congestion.	Nervousness, dizziness, insomnia	Check BP/HR, cardiovascular history. Monitor for insomnia, palpitations, nervousness. Educate: avoid if hypertensive/heart disease, follow dose, report side effects.
Novolog	Antidiabetics	Rapid-acting insulin that lowers blood glucose by promoting cellular uptake of glucose.	Hypoglycemia, inj. site redness, HA	Check BG before meal, Give ≤15 min before eating, Watch for hypoglycemia, Rotate injection sites, Keep fast-acting carbs ready.

## 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**

<b>Medical/Obstetrical Problem</b>	<b>Pathophysiology of Medical/Obstetrical Problem</b>
PIH, Preeclampsia	Abnormal placental blood flow releases toxins that damage blood vessels, causing high BP and organ damage.
<b>Fetal/Newborn Implications</b>	<b>Pathophysiology of Fetal/Newborn Implications</b>
fetal growth restriction, preterm birth, low birth weight, distress, death	↓ oxygen and nutrients to fetus → poor growth and distress.

## 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.	Pre-eclampsia is causing ↓ blood flow to baby	Severe preeclampsia has developed and compromised fetus	Minimal - absent variability	Intrauterine fetal demise
What assessments are needed to identify complications early?	Routine monitoring and reporting of elevated B/P alongside FKCs, EFM	Routine monitoring and reporting of elevated B/P alongside FKCs, EFM	Notification of abnormal FKC, EFM	Notification of abnormal FKC, EFM
What nursing interventions will the nurse implement if the complication develops?	Notify physician, interpret EFM and respond accordingly	Notify physician, interpret EFM and respond accordingly	Assess FHR and use appropriate interventions such as IUR	move tocos around, calm pt, notify physician

## 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.

<b>Nursing Priority</b>	EFM to determine status of baby	
<b>Goal/Outcome</b>	Determine status of fetus and intervene as needed	
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Assess fetus via EFM	1. tells vs the status of fetus	1. Interpret EFM findings and respond accordingly
2. Assess maternal VS	2. hx of PIH, pt noted to have elevated B/P at other visits falling into preeclampsia	2. Document findings & report HTN to provider
3. urine/glucose testing	3. To detect proteinuria and abnormal glucose levels, both can reduce placental perfusion and cause decreased fetal movement or distress.	3. no further progression of PIH symptoms, notify physician of increase





## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"><li>Name/age</li><li>G P T PT AB L M EDB / / Est. Gest. Wks.:</li><li>Reason for admission</li></ul>
Background
<ul style="list-style-type: none"><li>Primary problem/diagnosis</li><li>Most important obstetrical history</li><li>Most important past medical history</li><li>Most important background data</li></ul>
Assessment
<ul style="list-style-type: none"><li>Most important clinical data:<ul style="list-style-type: none"><li>Vital signs</li><li>Assessment</li><li>Diagnostics/lab values</li></ul></li><li><i>Trend</i> of most important clinical data (stable - increasing/decreasing)</li><li>Patient/Family birthing plan?</li><li>How have you advanced the plan of care?</li><li>Patient response</li><li>Status (stable/unstable/worsening)</li></ul>
Recommendation
<ul style="list-style-type: none"><li>Suggestions for plan of care</li></ul>

O2 therapy \_\_\_\_\_

IV site \_\_\_\_\_ IV Maintenance \_\_\_\_\_

Pain Score \_\_\_\_\_ Treatment \_\_\_\_\_

Medications Given \_\_\_\_\_

Fall Risk/Safety \_\_\_\_\_

Diet \_\_\_\_\_

Last Void \_\_\_\_\_ Last BM \_\_\_\_\_

Intake \_\_\_\_\_ Output: \_\_\_\_\_

**Notes:**