

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>11/3/25</u>						
EDD: <u>3/27/XX</u>	Gest. Age <u>18w</u>	G <u>2</u>	P <u>1</u>	T	PT	AB	L <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>Group B strep +</u>								
Chronic Health Conditions: <u>asthma controlled w meds</u>								
Allergies: <u>penicillin</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 &amp; 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>PNV-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 &amp; 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 &amp; 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 exam fetal descent	fundal tone & height estimate blood loss VS bladder status	continuous FHR amniotic fluid assessment Leopold's / fundal height	FHR monitoring contraction pattern
What nursing interventions will the nurse implement if the complication develops?	encourage positioning hydration comfort measures 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



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**Additional Nurses Notes:**


**Procedure Notes:**

Circle Procedure Performed: Amino BPP NST CST US Labor Eval SROM Eval. Version

Documentation for Invasive Procedure: SVL

V/S prior to procedure @ 0930 T 98.6 B/P 115/80 P 75 R 15 FHR \_\_\_\_\_

Consent (if required) verified prior to procedure Yes No

Provider arrived @ \_\_\_\_\_

Timeout @ \_\_\_\_\_ prior to procedure by \_\_\_\_\_ MD \_\_\_\_\_ RN

Procedure started @ \_\_\_\_\_

Procedure performed by \_\_\_\_\_ MD

Ultrasound by provided confirm:

1. Amniotic pocket - Amniotic fluid \_\_\_\_\_ ml obtained by provider specimen sent to lab @ \_\_\_\_\_
2. Fetal position
  - o Position \_\_\_\_\_ verified prior to version @ \_\_\_\_\_
  - o Position \_\_\_\_\_ verified after version @ \_\_\_\_\_

Additional Notes is needed:

Procedure ended @ \_\_\_\_\_

Nurses Signature: \_\_\_\_\_ RN

Physician Signature \_\_\_\_\_ MD

Student Name: \_\_\_\_\_

## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"><li>Name/age <i>Alice Jones</i></li><li>G <i>2</i> P <i>1</i> T PT AB L I M EDB <i>3 / 27 / XX</i> Est. Gest. Wks.: <i>38<sup>5</sup> / 7 wks</i></li><li>Reason for admission <i>reports early labor</i></li></ul>
Background
<ul style="list-style-type: none"><li>Primary problem/diagnosis <i>early labor</i></li><li>Most important obstetrical history <i>last prenatal visit 3cm 75% baby was high</i></li><li>Most important past medical history <i>history of asthma</i></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 <i>138/70, 98.6, 99, 75, 15 pain 3/4</i></li><li>Assessment <i>Fundal meas, Leopolds, SVE, contraction education</i></li><li>Diagnostics/lab values</li></ul></li><li>Trend of most important clinical data (<u>stable</u> - increasing/decreasing)</li><li>Patient/Family birthing plan?</li><li>How have you advanced the plan of care? <i>cont. to monitor, discharge home</i></li><li>Patient response</li><li>Status (<u>stable</u> / unstable/worsening)</li></ul>
Recommendation
<ul style="list-style-type: none"><li>Suggestions for plan of care <i>Cont to monitor/edu. true vs. false labor</i> <i>refer family to case management</i></li></ul>

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

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

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

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

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

Diet \_\_\_\_\_

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

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

### Notes:

*Refer to case management  
for financial concerns*

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**POST-CLINICAL REFLECTION OB Simulation Reflection - due on Thursday by 2359**

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

Reflection Question	Nurse Reflection
<p>What feelings did you experience in clinical?</p> <p>Why?</p>	<p>I was nervous, stressed, &amp; excited</p> <p>I was nervous to perform CPE related exams as it would be my first time attempting them. &amp; stressed because I wanted to do well</p>
<p>What did you already know and do well as you provided patient care?</p>	<p>Reading strips, get vs &amp; therapeutic communication</p>
<p>What areas do you need to develop/improve?</p>	<p>I needed to brush up on my truevs false labor education</p>
<p>What did you learn today?</p>	<p>something bad does not always happen in L&amp;D, don't always assume worst case scenario</p>
<p>How will you apply what was learned to improve patient care?</p>	<p>do a little more research on different possibilities so I feel better prepared</p>
<p>Please <b>reflect</b> on how your OB simulation learning experience assisted in meeting 2-3 of the Student Learning Outcomes.</p>	<ol style="list-style-type: none"> <li>1. I used clinical judgement by doing a fundal meas. when family voiced concerns of a small gest. age in comparison to moms stomach.</li> <li>2. patient centered care was used when I took the families financial concerns in to consideration &amp; referred them to case management</li> <li>3.</li> </ol>