Student Name: Olivia Samarripas
Olivia samarripas

Outpatient Preparation Worksheet - OB Simulation

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

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

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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
PIH, Preeclampsia	Abnormal placental blood flow releases toxins that damage blood vessels, causing high BP and organ damage.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
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.

Nursing Priority	EFM to determine status of baby	
Goal/Outcome	Determine status of fetus and intervene as needed	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
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 dereased fetal movement or distress.	3. no further progression of PIH symptoms, notify physician of increase

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Outpatient Evaluation Orders

1. Admit as Outpatient to the OB Triage assessment center
2. Vital signs on admission as needed
3. Fetal Heart Monitor obtain 20-30 minute strip to evaluate fetal status
4. Non-Reassuring Fetal Heart Rate Patterns implement Intrauterine resuscitation and notify provider
5. Monitor uterine activity to evaluate for labor status
6. Cervical exam if no active bleeding or history of placent previa to determine Labor or SROM (no nitrazine test prior to use of lubricant)
7. Notify provided of evaluation for admission or discharge orders

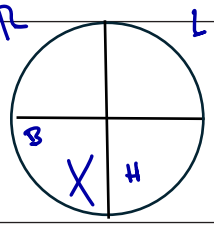
Physician Signature: *Baby Delivery, MD* **Date &Time:** **Today @ 0600**

This Section is to be completed in the Sim center- do not complete before!

Fetal Assessment:

Position determined by Leopolds Left transverse

Place an X in the circle to document point or maximum impulse for FHR



Time	Temp	B/P	P	R	Uterine Activity Freq / Dur. / Str.	Dil. / Efa. / PP / Stat cm / % / /	FHR /Var. /Acel. / Decl.	Pain	Comments
Pre	98.4	130/82	84	16	none	L. transverse	151-minimal variability	0	
post	98.5	137/83	79	19	none	L. transverse	154-minimal variability	0	

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Additional Nurses Notes:
after 20 minutes of the NST we extended 20 minutes to give baby time, after more stimulus minimal variability was still noted, IUR was initiated to evoke a response out of baby by turning, supplementing moms 02, and giving some IV fluids, physician was made aware IUR occurred despite absence of abnormal fetal heart pattern, no improvement noted, result was a non reactive NST physician notified

Procedure Notes:

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

Documentation for Invasive Procedure:

V/S prior to procedure @_____ T_____ B/P _____ P_____ R_____ 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**
   - **Position** _____ **verified prior to version @**_____
   - **Position** _____ **verified after version @**_____

Additional Notes is needed:

Procedure ended @ _____ **Nurses Signature:** Olivia Samarripas **RN**

Physician Signature _____**MD**

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Professional Communication - SBAR to Primary NURSE

Situation

- Name/age Cynthia Williams, 31yo F, FC NKDA,
- G3 P2 T2 PT0 AB0 L1 M0 EDB 8 / 10 / xx Est. Gest. Wks.: 38w2d
- Reason for admission ↓ fetal movement, nonreactive non-stress test

Background

- Primary problem/diagnosis
- Most important obstetrical history
- Most important past medical history
- Most important background data

- Gestational diabetes, maternal obesity
- hx of PIH 1st, IUFD & PPD 2nd
- ↑ BP over last few out patient visits
- NST weekly sense 32wks, biweekly sense 36wks, bed rest last 3wks

Assessment

- Most important clinical data: in clinic we performed a NST (cold drink, scalp stimulation, artificial larynx) and noted minimal variability in the 20 minutes, extended to 40 and still saw minimal variability
  - Vital signs
  - Assessment — vs prior to NST - 98.4F, HR84, BP130/82, RR16, O298, FHR151; vs post the NST - 98.5F, HR79, BP137/83, RR19, O297, FHR154
  - Diagnostics/lab values

Trend of most important clinical data (stable - increasing/decreasing)

- Patient/Family birthing plan?
- How have you advanced the plan of care?
- Patient response
- Status (stable/unstable/worsening)

- Mom remained stable and baby showed minimal variability throughout the procedure
- MD notified of no change and said to admit to L&D
- mom planned for an induction on 7/31 per visit sheet
- mom and baby stable

Recommendation

- Suggestions for plan of care

My recommendation would be to continue to monitor EFM and prep for possible induction of labor depending on physician recommendation

O2 therapy 10L NRB during IUR

IV site L. hand 18g IV Maintenance LR bolus during IUR- 500mLs

Pain Score 0 Treatment continue to monitor

Medications Given NA

Fall Risk/Safety Yes, unstable BP, center of gravity off balance

Diet _____

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes:

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IM6 Student Learning Outcomes				
Safety & Quality	**Clinical Judgment**	**Patient Centered Care**	**Professionalism**	**Communication & Collaboration**
Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.	*Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.*	*Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.*	*Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.*	*Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.*

Safety & Quality:

Done at OB community

Clinical Judgment:

I demonstrated clinical judgement at SIM on day one by determining the need to contact the physician after a nonreactive NST after extending the test 20 minutes.

Patient Centered Care:

Done at L&D clinical

Professionalism:

I demonstrated professionalism throughout my scenario on day one of SIM by displaying a judgement free attitude and providing knowledge about healthy dieting needed for a patient with gestational diabetes to her family who was insistent on letting her eat foods that would increase her blood sugar.

Communication & Collaboration:

I effecively demonstrated collaboration and communication by providing the nurse getting my patient a thorough report on day 2 at SIM, being sure to cover all relevant information needed for appropriate care.