Student Name: Mario Sanchez

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: CW / BW			**Date of Admission:** 11/3/25					
EDD: 8/10/XX	**Gest. Age**	**G** 3	**P** 2	**T** 0	**PT** 0	**AB** 0	**L** 0	**M** 0
Blood Type / Rh: O Rh-		**Rubella Status:** Immune				**GBS Status:** 38 wks		

Complication with this or Previous Pregnancies:
Maternal obesity, Postpartum Depression.
Abnormal Glucose Tolerance test, Previous pregnancy induced hypertension, Stillbirth previous pregnancy.

Chronic Health Conditions:
Previous pregnancy induced hypertension, Depression, Diabetes

Allergies:
Morphine

Current Medications:
N/A

Patient Reported Concern Requiring Outpatient Evaluation:
inability to stabilize temperature

What PRIORITY assessment do you plan based on the patient's reported concern?
assess V/S And temperature of baby.

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
ENV - Nature Made Prenatal Multi + DHA	Nutritional Supplement	Its a multivitamin	GI upset, Constipation	• Allergies • Dietary habits • GI function.
Acetaminophen	analgesic antipyretic	Reduces pain and Fever	N/V, headache, mild rash	• monitor temperature reduction • change in urine output • Rash of skin
Sudafed	Sympathomimetic decongestant	Relief of nasal congestion	• Anxiety • Significant hypertension • Difficult urinating	• not used if hypertensive • monitor V/S • Give with food.
Novolog	Rapid acting insulin	Controls Bs in type 1 + 2 at mealtime.	• hypoglycemia • Rash • weight gain	• Assess B/S • rotate injection site • Correct dose/time
Phytonadione	Fat Soluble Vitamin (K)	helps with clotting Factor	• Pain • Allergic reaction Rash • hemolytic anemia	• Signs of bleeding • Allergic reaction • monitor V/S

Erythromycin ophthalmic — Macrolide antibiotic — antibiotic — inhibits bacterial growth
- Eye irritation
- itchy / Discomfort
- blurred vision

- assess eyes for infection
- observe for allergic reaction
- assess visual clarity

B/S: ≥ 140 4hrs
≥ 50 24hrs

Student Name: Mario Sancho

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 B/S, B/P,	monitor signs of infection or bleeding	assess blood glucose, temp, Respirations	Continuous cardiorespiratory monitoring
What nursing interventions will the nurse implement if the complication develops?	Monitor and Control maternal B/S and B/P	Notify Provider it was unstable	maintain environment And glucose with 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.

Student Name: Mario Sanchez

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 N/A

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
N/A →					N/A →		N/A →		

Student Name: Mario Sanchez

Additional Nurses Notes:

Procedure Notes: N/A

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 @ _____
_____**RN**

Nurses Signature:

Student Name: Maria Sanchez

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age baby boy, williams / 4 hrs old
- G 3 P 3 T 0 PT 0 AB 0 L 2 M 0 EDB 8/10/XX Est. Gest. Wks.: 38 wks
- Reason for admission Thermoregulation and Prevent hypoglycemia

Background

- Primary problem/diagnosis Thermoregulation / hypoglycemic precaution
- Most important obstetrical history maternal Diabetes
- Most important past medical history maternal Diabetes
- Most important background data Pass Stillbirth + 10lb baby.

Assessment

- Most important clinical data: ↗ 96.8F°
  - Vital signs Temp: 96.1 F°, O2: 94, B/G: 29 → 33 → 40
  - Assessment B/S check / Temp
  - Diagnostics/lab values B/G level

Trend of most important clinical data (stable - increasing/decreasing) temps decreasing B/S increasing w/ D5W water

- Patient/Family birthing plan? N/A
- How have you advanced the plan of care? N/A
- Patient response Just wants baby safe.
- Status (stable/unstable/worsening)

  unstable transfer to nicu.

Recommendation

- Suggestions for plan of care

Give D5w to increase B/S + support mom with any questions answered.

O2 therapy N/A

IV site N/A IV Maintenance N/A

Pain Score _____ Treatment _____

Medications Given D5W water

Fall Risk/Safety N/A

Diet Breast milk / Similac / D5W water

Last Void @ birth Last BM @ birth

Intake N/A Output: N/A

Notes: Baby taken to Nicu to get to a stable status. Low temp + B/S. Abduction attempt. So called family friend. Meds not given.

NAME: Mario Sandrez DATE: 11/4/22

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
What feelings did you experience in clinical? Why?	I felt good until I didn't. I feel like I have no confidence in what I do, but I will Practice more and get more comfortable with it.
What did you already know and do well as you provided patient care?	I knew I provided education, reassurance to pt, I knew to watch for B/S + temperature based off sbar. I knew to talk about hep b verification/circumsion
What areas do you need to develop/improve?	Utilizing Sbar, Pt assessment, Pt verification, Confidere
What did you learn today?	How to be vigilant and aware who goes in My Pt's rooms. - check ID bands.
How will you apply what was learned to improve patient care?	improve overall safty for baby and mother. by knowing how to react to hypoglycemic episodes and temperature drops. I Also will make it safe by always checking ID bands.
Please **reflect** on how your OB simulation learning experience assisted in meeting 2-3 of the **Student Learning Outcomes.**	1. I used safty + quality in my experience by always checking ID bands in pts rooms to know its a Secure + safe Place for both mom + baby. 2. I utilited patient centred care by catching and feeding baby D5 ½ for low B/s readings. 3. The final skill I showed in simulation was Communication + collaboration by talking to mom about hep B vaccine + consent form.

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:

Clinical Judgment: I believed I used clinical Judgment in Simulation on tuesday by utilizing my tools such as the tempature monitor + assessing the baby's blood sugar. Doing so help me catch that the baby's tempature was dropping and that I needed to feed D5W water "Sugar water" to baby to try and raise B/S. Eventually this

Patient ~~Centered~~ Care:

Provoked me to notify the provider, to then get orders to admit to nicu for stabilization.

Professionalism:

Communication & Collaboration: