Student Name: Lawson Sullivan

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

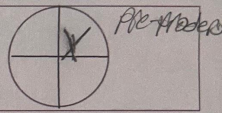
Physician Signature: *Baby Delivery, MD* **Date &Time:** *Today @ 0600*

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

Fetal Assessment:

Position determined by Leopolds breech

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



Pre-Monitoring

Time	Temp	B/P	P	R	Uterine Activity Freq / Dur. / Str.	Dil. / Efa. / PP / Stat cm / % / /	FHR /Var. (Acel.) Decl.	Pain	Comments
X100	98.6	140/80	86	12	N/A	3cm	138 HR accel	N/A	mom + fetus well, Pre-ver
X130	99.1	138/78	94	20	N/A	N/A	140 HR accel	3	SROM, admitted delivered

EFLECTION OB Simulation Reflection - due on Thursda

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions m

this patient by answering the reflection questions below.

DATE: 11/27

Professional Co

Student Name: Lawson Sullivan

Additional Nurses Notes:

patient education on safe care of baby, breast feeding education,

Procedure Notes:

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

Documentation for Invasive Procedure:

V/S prior to procedure @ XXOO T 98.6 B/P 140/90 P 93 R 12 FHR 150's

Consent (if required) verified prior to procedure **Yes** **No**

Provider arrived @ XX15

Timeout @ XX17 **prior to procedure by** Baby Doc **MD** Lawson Sullivan **RN**

Procedure started @ _____

Procedure performed by Baby Doc **MD**

Ultrasound by provided confirm: Breech Position

1. **Amniotic pocket - Amniotic fluid** _____**ml obtained by provider specimen sent to lab @** _____
2. **Fetal position**
   - **Position** Breech **verified prior to version @** XX15
   - **Position** Vertex **verified after version @** XX30

Additional Notes is needed:

SROM post-procedure confirmed Nitrazine

Procedure ended @ XX30

Nurses Signature: _____ **RN**

Physician Signature Baby Doc **MD**

Lawson Sullivan DATE: 11/

Student Name: Lawson Sullivan

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age Sara Rogers 23yo
- G 1 P 0 T 0 PT 0 AB 0 L 0 M 0 EDB 12/8/XX Est. Gest. Wks.: 36wk
- Reason for admission SROM post-external version

Background

- Primary problem/diagnosis SROM post-external version
- Most important obstetrical history Primigravida, prenatal vitamins @ 9wk
- Most important past medical history N/A
- Most important background data patient needs resources for motherhood

Assessment

- Most important clinical data:
  - Vital signs √ T 99 HR 92 BP 120
  - Assessment baby is in vertex now
  - Diagnostics/lab values +Nitrazine test, FHR 140 w/accelerations
- *Trend* of most important clinical data (stable - increasing/decreasing)
- Patient/Family birthing plan? vaginal delivery, discuss bonding
- How have you advanced the plan of care? terbutaline @ XXOO.
- Patient response
- Status (stable/unstable/worsening)

Recommendation

- Suggestions for plan of care

prep for vaginal delivery, breastfeeding ed.

O2 therapy RA/room air

IV site L. FA 18g IV Maintenance LR @ 125

Pain Score 3/10 Treatment none/pharm

Medications Given terbutaline

Fall Risk/Safety Mod

Diet NPO

Last Void before water Last BM before water

Intake NPO Output:

Notes:

breast feeding education

Child safety

Case management

NAME: Lawson Sullivan DATE: 11/5/25

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 was nervous at first but I really enjoyed it. I'm not the biggest fan of sim but I feel like as I'm gaining confidence with my care I improve. I also was able to put some theory into practice.
What did you already know and do well as you provided patient care?	I knew that I would need to ensure my patient understood the procedure she was about to undergo. I also had a basic understanding of terbutaline and how to read an EFM.
What areas do you need to develop/improve?	I need to remember that the med room is separate from the pt room. I didn't swap gloves between the med room and pt room. I also probably need to check the OB pt's fluids more, I almost missed [illegible]
What did you learn today?	I learned the importance of the support system and pt's culture. You can know how to care for a pt's condition or complaint but not be ready for family/friends.
How will you apply what was learned to improve patient care?	I will be more prepared for family's behavior and more confident in being more direct yet kind to my patients. Sometimes we need a friendly/professional reminder of realities.
Please **reflect** on how your OB simulation learning experience assisted in meeting 2-3 of the **Student Learning Outcomes.**	1. 2. See SLO PAGE! 3.

Lawson Sullivan OBSin

IM6 Student Learning Outcomes				
Safety & Quality	**Clinical Judgment**	**Patient Centered Care**	**Professionalism**	**Commu & Collabo**
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.*	*Commun and collabo effectively w patients, famil and members o the interdisciplinary team in the childbearing family, and the patient with mental health disorders.*

Safety & Quality: Reported priority interventions and assessments prior to external version procedure to keep the patient safe.

Clinical Judgment:

Patient Centered Care:

Professionalism: Helped patient understand External Version Procedure and help understand that emergency c/s is a possibility with informed consent

Communication & Collaboration: