

Student Name: Zakeia Brown

# Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>CW</u>				Date of Admission: <u>11-11-25</u>				
EDD: <u>8-10-XX</u>	Gest. Age: <u>38wk 217</u>	G: <u>3</u>	P: <u>2</u>	T:	PT:	AB:	L: <u>1</u>	M:
Blood Type / Rh: <u>O neg</u>			Rubella Status: <u>Immune</u>			GBS Status:		
Complication with this or Previous Pregnancies: <u>Pre-eclampsia, PIH</u>								
Chronic Health Conditions: <u>Gestational Diabetes</u>								
Allergies: <u>Morphine</u>								
Current Medications: <u>Prenatal Vitamins, acetaminophen, Sudafed, Novolog - Insulin</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>↓ in Fetal movement</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Fetal Heart Rate, Kick Count, IV Fluids</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
Naturemade Prenatal multi + DHA	Prenatal	Extra vitamin, now caring for 2	Constipation Nausea	Start prenatal as early as possible take daily take w/ meal Possible stool softener
Acetaminophen	Anti pyretics	lowers pain & fever	liver damage HA Nausea	Do not exceed over 4000mg in 24hr Drink w/ a full glass of water
Sudafed	Pseudoephedrine	mimics effect of neurotransmitter NE bronchial relaxation Decongestion	nervousness restlessness HA Insomnia	Contraindicated if w/ heart issue take as directed take in morning
Novolog	rapid acting insulin	lowers Blood Glucose	Hypoglycemia Weight gain	Check sliding scale rotate injection site take after / before eating

## 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	Mom acquired diabele in the 3 <sup>rd</sup> trimester only in pregnancy, may led to T2DM
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
↓ Fetal movement	baby is not moving how they normal do, may be a ↓ in fluid, possible stress no energy, no food, sleep.

## 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.	hypoglycemia	hyperglycemia com of death	Sleep ↓ Fluid	death
What assessments are needed to identify complications early?	reg A1C's check		Kick counts Not secondary guessing yourself	
What nursing interventions will the nurse implement if the complication develops?	give sugar complex carb monitor BG	Insulin	check up w/ pcp IV fluid	aminocentesis

## 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	↓ Fetal movement		
Goal/Outcome	↑ Fetal movement		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. FHR	1. monitor HR to see any activity	1. baseline HR	
2. Give Food	2. Food will ↑ BG for baby,	2. ↑ Fetal movement	
3. W Fluids	3. Dehydration for baby	3. ↑ Fluid ↑ Fetal movement	



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

**Additional Nurses Notes:**


**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
  - o Position \_\_\_\_\_ verified prior to version @ \_\_\_\_\_
  - o Position \_\_\_\_\_ verified after version @ \_\_\_\_\_

**Additional Notes is needed:**

**Procedure ended @** \_\_\_\_\_  
\_\_\_\_\_ RN

**Nurses Signature:**

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

## 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>

the copy \_\_\_\_\_

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

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

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

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

Diet \_\_\_\_\_

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

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

**Notes:**