

Student Name: Alexandra Alcover

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <i>SR</i>				Date of Admission:				
EDD: <i>12/08/xx</i>	Gest. Age <i>30 weeks</i>	G <i>1</i>	P <i>0</i>	T	PT	AB	L	M
Blood Type / Rh:		Rubella Status:			GBS Status:			
Complication with this or Previous Pregnancies: <i>infant brachid at 35 weeks</i>								
Chronic Health Conditions: <i>N/A</i>								
Allergies: <i>Morphine</i>								
Current Medications: <i>pre-natal vitamins</i>								
Patient Reported Concern Requiring Outpatient Evaluation: <i>Need external version, pt worried about having c-section</i>								
What PRIORITY assessment do you plan based on the patient's reported concern? <i>mom and baby heart rate and mom uterine activity</i>								

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
<i>pre-natal vitamins</i>	<i>vitamin and mineral</i>	<i>provides missing nutrients to the mom and baby</i>	<i>Constipation, N/V/D, dark stools,</i>	<ul style="list-style-type: none"> Assess pt diet: are they still eating needed nutrients BM Impulse to take acid and iron
<i>Terbutaline</i>	<i>sympathomimetic</i>	<i>stops premature labor from occurring</i>	<ul style="list-style-type: none"> Tachycardia, tremors, HA, Nervousness, dizziness, N/V Do not use for more than 48-72 hours 	<ul style="list-style-type: none"> mon for vs (HR, BP) → hypotension contraction monitor + FHR keep mom on left lateral side lying
<i>Lactate ringier</i>	<i>colloidal solution</i>	<i>fluid volume replacement</i>	<i>local anesthetic IV site</i>	<ul style="list-style-type: none"> Baseline VS lung sounds - wheezing/crackles ISO

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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
<i>External version</i>	<i>Mom needs baby's position to be repositioned. This is done by dr by externally trying to rotate baby.</i>
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
<i>Baby in breeched position</i>	<i>Baby is in incorrect / dangerous position for delivery. butt of baby is at cervix instead of head.</i>

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.	<i>prolong labor due to version causing contractions</i>	<i>placental abruption</i>	<i>bradycardia</i>	<i>Fetal distress</i>
What assessments are needed to identify complications early?	<i>Monitor FHR and VC</i>	<i>vaginal bleeding or pain to the uterus as well as tone. * firm board like uterus</i>	<i>continuous FHR</i>	<i>Monitor FHR → consistent Brady cardiac w/ late decelerations</i>
What nursing interventions will the nurse implement if the complication develops?	<i>Administer fentanyl to stop contractions and avoid preterm birth * lateral position</i>	<i>IV bolus - LR * Monitor FHR : VC * prepare for c-section</i>	<i>1. Turn mom 2. O2 3. IV bolus</i>	<i>* get ready for c-section</i>

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	<i>Monitor FHR and VC</i>		
Goal/Outcome	<i>baby in correct position - occiput anterior</i>		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. <i>FHR : VC</i>	1. <i>make sure baby isn't too stressed during procedure</i>	1. <i>Small bradycardia that'll go back to normal</i>	
2. <i>vaginal bleeding</i>	2. <i>did the placenta abrupt during procedure</i>	2. <i>No vaginal bleeding or board like feel to abd</i>	
3. <i>Contractions</i>	3. <i>pre term labor?</i>	3. <i>small contractions but not strong enough to cause pre term birth</i>	
4. <i>possible vag + strip exam</i>	4. <i>is there a membrane rupture</i>	4. <i>no rupture - no strip change</i>	

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Additional Nurses Notes:

Procedure Notes: *External version*

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

Documentation for Invasive Procedure: *NA*

V/S prior to procedure @ _____ T _____ B/P _____ P _____ R _____ FHR _____

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

Provider arrived @ *1100*

Timeout @ _____ prior to procedure by _____ MD
_____ RN

Procedure started @ *1100*

Procedure performed by *Dr. Delving* _____ MD

Ultrasound by provided confirm:

1. Amniotic pocket - Amniotic fluid _____ ml obtained by provider specimen sent to lab @ _____
2. Fetal position
 - o Position *Breech* verified prior to version @ *1100*
 - o Position *Vertex* verified after version @ *1105*

Additional Notes is needed:

*Baby tolerated version well and in correct position.
ROM occurred, confirmed w/ strip and vag exam
pt admitted*

Procedure ended @ *1105*
_____ RN

Nurses Signature: *[Signature]*

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Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none">Name/age <i>Sarah Rose 123yD</i>G / P T PT AB L M EDB <i>12 / 08 / xx</i> Est. Gest. Wks.: <i>36 weeks</i>Reason for admission <i>ROM post external version</i>
Background
<ul style="list-style-type: none">Primary problem/diagnosis <i>External version</i>Most important obstetrical historyMost important past medical historyMost important background data <i>first time mom</i>
Assessment
<ul style="list-style-type: none">Most important clinical data:<ul style="list-style-type: none">Vital signs <i>Normal vs prior, during and after procedure</i>Assessment <i>cardiac and vsg assessment normal</i>Diagnostics/lab valuesTrend of most important clinical data (stable - increasing/decreasing) <i>stable</i>Patient/Family birthing plan? <i>No family birthing plan</i>How have you advanced the plan of care?Patient responseStatus (stable/unstable/worsening) <i>pt and baby vixx stable throughout procedure</i>
Recommendation
<ul style="list-style-type: none">Suggestions for plan of care<ul style="list-style-type: none"><i>Care management and lactation consult</i><i>Need consents for delivery</i>

therapy RA

IV site Left 18g IV Maintenance LR 1000ml / 125ml/hr

Pain Score 0 Treatment _____

Medications Given Turbutaline

Fall Risk/Safety fall risk

Diet NPO

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes: provide further education for first time mom. make sure there is some bonding after birth and maybe correct care management