Student Name: Kre Allen

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: AJ			**Date of Admission:**					
EDD: 3/27/xx	**Gest. Age** 38 5/7	**G** 2	**P** 1	**T** 1	**PT**	**AB**	**L** 1	**M**
Blood Type / Rh: O Rh+		**Rubella Status:** Immune				**GBS Status:** +		

Complication with this or Previous Pregnancies: none

Chronic Health Conditions:

Asthma

Allergies:

Penicillin

Current Medications: Prenatal vitamins, Singulair, Advair MDI, Proventil MDI

Patient Reported Concern Requiring Outpatient Evaluation:

Contractions 10 min apart for 1 hour

What PRIORITY assessment do you plan based on the patient's reported concern?

Assess How long Contractions, Place on FHM, ask about ruptured membranes Intensity & progression,

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
Singulair	leukotriene receptor antagonists	Blocks chemicals in the air way that cause bronchoconstriction, swelling, mucus production	headache fatigue	give at bed time Check O2 sat & listen to lungs (not for acute asthma)
Advair MDI	corticosteroid & LABA	Improve lung fx by ↓ inflamation	thrush Headache fever muscle ache	make sure pt knows to rinse mouth O2 assessment
Proventil MDI	SABA (Bronchodilator)	Causes airway to relax smooth muscle & improve airflow	tachycardia Dry mouth Tremors	teach proper inhaler use O2 assessment Cardiac assessment

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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
Latent Phase of Labor C Strep B + mom	1st Phase of first stage of Labor Progesteron is decreasing & estrogen ↑ oxytocin release & contracts the ut baby bc thinning of cervix & dilation
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Strep B exposure	Bacteria can be passed during labor & cause sepsis, meningitis, or Respiratory 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.	active Labor (need abx)		Strep B exposure	Sepsis
What assessments are needed to identify complications early?	determine if any ruptured membranes & cervical exam	membranes ruptured & Labor progression <4 hr.	Strep B exposure Check if mom has had abx	Mom went untreated & Strep B passed during Labor
What nursing interventions will the nurse implement if the complication develops?	make sure IV access available give ampicillin or cefazolin	NO abx given or baby comes before administration	Respiratory distress	Sepsis

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	PTHR, Vaginal exam
Goal/Outcome	

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Place on FHM 2. Check if membrane ruptured if not start ampicillin or cefazolin 3. Vaginal Exam	1. Making sure baby is not in distress, & able to measure Contractions 2. mom is Strep B+ so needs abx started asap to prevent spread to baby 3. Determin if mom is in Active Labor	1. Baby will be in vertex position, ∁ accelerations & heart rat 135-160 2. Membrane will be intact, IV access, and abx administered 3. mom will be 100% effaced but dilated <4cm

dent Name:_____

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 LO

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
0900	98.4	130/82	75	16	UCs mild 10 min apart/hr	3cm 85%	FHR WNL	3	Pain only in pelvis but getting better

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Additional Nurses Notes:

Pt in semi-fowler position c mom at bedside verbalized pain 3 out of 10 on pain scale. Pt states pain is localize in the pelvic area. She states pain started 1 hour ago @ 0800. Pt reports she was lying in bed when pain started, & decide to come after timing Contractions 10 min apart. ~~Vaginal exam~~ PA SROM eval negative, Vaginal Exam performed 3cm dilated c 85% effacement. No evidence of active labor. Pt ~~States~~ "pain improving". FHR WNL Contractions frequency range 10-8-5 per hr. Pt education about Braxton Hicks management provided. Pt verbalized understanding of SS of true labor & when to seek care. Financial assistance resources Provided. Billing specialist referral initiated. Provider Notified & verbalized D/C order B. Allen RN

Procedure Notes:

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

Documentation for Invasive Procedure:

V/S prior to procedure @ 0900 T 98.6 B/P 136/82 P 75 R 16 FHR WNL

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

Provider arrived @ N/A

Timeout @ N/A prior to procedure by N/A MD N/A RN

Procedure started @ N/A

Procedure performed by N/A MD

Ultrasound by provided confirm:

1. **Amniotic pocket - Amniotic fluid** N/A **ml obtained by provider specimen sent to lab @** N/A
2. **Fetal position**
   - **Position** N/A **verified prior to version @** N/A
   - **Position** N/A **verified after version @** N/A

Additional Notes is needed:

Procedure ended @ _____

Nurses Signature: B. Allen **RN**

Physician Signature _____ **MD**

dent Name: _____

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age Alice Jones 24
- G2 P1 T1 PT AB L1 M EDB / / Est. Gest. Wks.: 38 5/7
- Reason for admission Contractions (Latent Phase of Labor)

Background

- Primary problem/diagnosis Contractions
- Most important obstetrical history GBS+
- Most important past medical history asthma
- Most important background data no insurance, finan

Assessment

- Most important clinical data:
  - Vital signs P 3/10 BP 136/82 O2 Sat 96
  - Assessment NO SROM,
  - Diagnostics/lab values

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

- Patient/Family birthing plan? Pt would like Natural birth
- How have you advanced the plan of care? Counter pressure sacral massage & repositioning q1 hr
- Patient response Patient states her pain has improved
- Status (stable/unstable/worsening) Contra

Recommendation

- Suggestions for plan of care If Pain improving D/C T instructions of when to return if SxS of true Labor Present.

O2 therapy N/A

IV site _____ IV Maintenance _____

Pain Score 3 Treatment _____

Medications Given None

Fall Risk/Safety Yes

Diet general

Last Void N/A Last BM N/A

Intake N/A Output: N/A

Notes: