

Student Name: Malorie Garcia

# Outpatient Preparation Worksheet - OB Simulation

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

<b>Patient initials:</b> A.J			<b>Date of Admission:</b> Today @600					
<b>EDD:</b> 3/27/xx	<b>Gest. Age</b> 39wk	<b>G</b> 2	<b>P</b> 1	<b>T</b> 1	<b>PT</b> 0	<b>AB</b> 0	<b>L</b> 1	<b>M</b> N/A
<b>Blood Type / Rh:</b> O+		<b>Rubella Status:</b> Immune			<b>GBS Status:</b> Positive			
<b>Complication with this or Previous Pregnancies:</b> None reported, previous infant was 9lbs 08oz								
<b>Chronic Health Conditions:</b> Asthma ( controlled)								
<b>Allergies:</b> Penicillin								
<b>Current Medications:</b> Prenatal vitamins, Advair, Proventil, Singular								
<b>Patient Reported Concern Requiring Outpatient Evaluation:</b> SROM with early labor contractions 2 hrs ago with onset of regular contractions; clear fluid leakage								
<b>What PRIORITY assessment do you plan based on the patient's reported concern?</b> Assess for sign of labor progression, infection risk due to ROM and fetal heart rate with continuous electronic fetal monitoring.								

## 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
Prenatal Vitamins	Supplement	Provides vitamins needed for maternal development	Nausea, constipation	Encourage hydration and fiber to help with constipation Take daily Be active to help bowels
Advair	Bronchodilator + corticosteroid	Decreases the airway inflammation	Thrush, tachycardia, tremors	Rinse mouth after use Monitor o2 stat Asses lung sounds
Singular	Leukotriene inhibitor	Prevents airway inflammation to reduce asthma symptoms	Headache, gi upset	Monitor resp status Report wheezing

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Proventil	Short acting bronchodilator	Rapidly relaxes airway muscles for quick breathing	Tremors, nervousness, increase HR	Assess respiratory rate and breath sounds
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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
Term pregnancy with spontaneous rupture of membranes and early labor	Loss of protective membrane barrier increase risk of ascending infection while uterine contraction's dilate cervix and progress labor.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Risk of neonatal Group B Streptococcus exposure	Bacteria may cross the membranes and cause sepsis, pneumonia, or meningitis if the mother is left untreated

## 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.	Chorioamnionitis	Maternal/ sepsis or emergency c section	Fetal tachycardia related to infection	Hypoxia and stillbirth
What assessments are needed to identify complications early?	Cultures for infection, temp q2 hrs, assess discharge	Continuous monitoring, contraction pattern	Cbc and culture and FHM of the infant	NICU assessment
What nursing interventions will the nurse implement if the complication develops?	Administer ordered abx , reposition	Administer iv fluids, stop oxytocin, notify provider, give o2 and turn my pt	I will monitor O2 pf the unborn infant	Rapid NICU intervention

## 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.

<b>Nursing Priority</b>	Maintain maternal & fetal well-being while assessing labor progression and preventing infection		
<b>Goal/Outcome</b>	Stable v/s and reassuring fetal monitoring with no signs of infection or fetal distress		
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>	
1. Continuous fetal & contraction monitoring	1. Detect early fetal distress & labor progression	1. FHM remains category 1	
2. mt temp q2 hrs. and observe fluid	2. identify infection early	2. no odor, cloudy fluid, no elevated temp	

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2. Administer GBS prophylaxis if ordered	3. prevent neonatal infection	3. healthy term newborn
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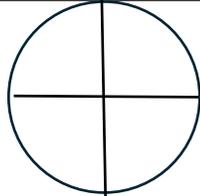
## Outpatient Evaluation Orders

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!**

<p>Fetal Assessment:</p> <p>Position determined by Leopolds _____</p> <p>Place an <b>X</b> in the circle to document point or maximum impulse for FHR</p>	
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Time	Temp	B/P	P	R	Uterine Activity Freq / Dur. / Str.	Dil. / Efa. / PP / Stat cm / % / /	FHR /Var. /Acel. / Decl.	Pain	Comments

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<b>Additional Nurses Notes:</b>

**Procedure Notes:**

Circle Procedure Performed: **Amino** **BPP** **NST** **CST** **US** **Labor Eval** **SRM 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 @** \_\_\_\_\_

**Nurses Signature:** \_\_\_\_\_ RN

**Physician Signature** \_\_\_\_\_ MD

## 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>

O2 therapy \_\_\_\_\_

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

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

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

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

Diet \_\_\_\_\_

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

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

**Notes:**