Student Name: Malorie Garcia

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: A.J			**Date of Admission:** Today @600					
EDD: 3/27/xx	**Gest. Age** 38wk 5/7 days	**G** 2	**P** 1	**T** 1	**PT** 0	**AB** 0	**L** 1	**M** N/A
Blood Type / Rh: O+		**Rubella Status:** Immune				**GBS Status:** Positive		
Complication with this or Previous Pregnancies: None reported, previous infant was 9lbs 08oz								
Chronic Health Conditions: Asthma (controlled)								
Allergies: Penicillin								
Current Medications: Prenatal vitamins, Advair, Proventil, Singular								
Patient Reported Concern Requiring Outpatient Evaluation: Reports ear								
What PRIORITY assessment do you plan based on the patient's reported concern? Reports early labor contractions every 10 minutes for the last hour at 38 5/7 weeks gestation and previous cervical check of 3 cm/75%/high station assess vitals, FHM contraction pattern, cervix status, Level of px								

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 + corticosteriod	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
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
Early labor at term	Regular uterine contractions cause cervical effacement & dilation as fetus descends; may progress to active labor or remain latent; monitor for labor progression & infection if prolonged
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
stable at term but risk for fetal distress, variable decelerations, hypoxia, or need for emergent delivery	Preterm labor can cause the fetus to have higher risk of distress, we need to assess fetal lungs for maturity to prevent hypoxia after delivery

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.	False labor or prolonged latent phase	Emergency cesarean due to fetal intolerance	Variable decelerations	Hypoxia → metabolic acidosis → stillbirth
What assessments are needed to identify complications early?	Asses the dilation of the cervix and enfacement	Assess maternal and fetal heart rates watch for late decels	Continuous monitoring, contraction pattern	Monitor o2 stats and FHM
What nursing interventions will the nurse implement if the complication develops?	Administer oxytocin to help with delivery	Administer iv fluids, stop oxytocin, notify provider, give o2 and turn my pt	Turn pt to side to help with decels and start my pt on IV fluids	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.

Nursing Priority	Maintain maternal and fetal stability while determining true vs false labor	
Goal/Outcome	Maternal vitals stable and FHR remains Category I with clear plan for admission vs discharge	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Continuous fetal & contraction monitoring	1. Detect early fetal distress & labor progression	1. Reassuring FHR pattern
2. Assess cervical change if safe	2. Confirm stage of labor	2. Plan: admit, discharge, or observe

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1. Monitor for infection signs	3. Prevent maternal/fetal morbidity	3. No fever, normal FHR, no foul fluid

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

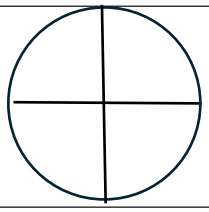
Physician Signature: *Baby Delivery, MD* **Date &Time:** **Today @ 0600**

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

Fetal Assessment:

Position determined by Leopolds _____

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

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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**
   - **Position _____ verified prior to version @_____**
   - **Position _____ verified after version @_____**

Additional Notes is needed:

Procedure ended @ _____

Nurses Signature: _____**RN**

Physician Signature _____**MD**

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Professional Communication - SBAR to Primary NURSE

Situation
• Name/age • G P T PT AB L M EDB / / Est. Gest. Wks.: • Reason for admission
Background
• Primary problem/diagnosis • Most important obstetrical history • Most important past medical history • Most important background data
Assessment

• Most important clinical data:
  • Vital signs
  • Assessment
  • Diagnostics/lab values
Trend of most important clinical data (stable - increasing/decreasing)
• Patient/Family birthing plan?
• How have you advanced the plan of care?
• Patient response
• Status (stable/unstable/worsening)

Recommendation
• Suggestions for plan of care

O2 therapy _____

IV site_____IV Maintenance _____

Pain Score _____Treatment_____

Medications Given_____

Fall Risk/Safety _____

Diet _____

Last Void_____ Last BM _____

Intake_____ Output:_____

Notes: