

Student Name: _____

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: CW				Date of Admission TODAY @ 0600				
EDD: 08/10/XX	Gest. Age 38 2/7 WEEKS	G 3	P 2	T	PT	AB 1	L 1	M
Blood Type / Rh: 0		Rubella Status: IMMUNE			GBS Status: NEGATIVE			
Complication with this or Previous Pregnancies: DECREASED FETAL MOVEMENT								
Chronic Health Conditions: GESTATIONAL DIABETES / DEPRESSION								
Allergies: MORPHINE								
Current Medications: PRENATAL VITAMINS, INSULIN								
Patient Reported Concern Requiring Outpatient Evaluation:								
What PRIORITY assessment do you plan based on the patient's reported concern? Top priority is to check for fetal status maybe fetal hypoxia, placental insufficiency.								

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	Vitamin / minerals	PROVIDING ESSENTIAL VITAMINS/MINERALS NEEDED FOR HEALTHY FETAL DEVELOPMENT.	N/V/D Loss of appetite, itching constipation, allergic reactions	ASSESS DIETARY INTAKE, ASSESS FOR GI ISSUES, CHECK FOR ALLERGIES, ADMINISTER WITH FOOD
INSULIN	BLOOD GLUCOSE – LOWERING AGENT	LOWERS BLOOD GLUCOSE	HYPOGLYCEMIA, INJECTION SITE REACTIONS, WEIGHT GAIN	MONITOR BLOOD GLUCOSE, ASSES FOR HYPOGLYCEMIA
ACETAMINOPHEN	ANTIPYRETIC	LOWERS ELEVATED TEMP. CAN REDUCE FEVER	N/V, HA, RASH CONSITPATION, INSOMIA (RARE), HEPATOTOXITY	MONITOR PAIN LEVEL, MONITOR FOR TEMP.
SUDAFED	DECONGESTANT	REDUCES CONGESTION, MUCOSAL EDEMA, IMPROVES SINUS DRAINAGE	HT, NAUSEA, HA TACHYCARDIA, DIZZINESS	ASSESS BP AND HEART RATE, EVALUATE NASAL CONGESTION, AVOID TAKING AT NIGHT, DO NOT EXCEED > 7 DAYS., ENCOURAGE HYDRATION

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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
Decreased fetal movement. Seen in hypertensive disorders and diabetes	Uteroplacental insufficiency/ clinical sign of possible fetal compromise often reflecting reduced oxygen delivery.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Insufficient oxygen which leads to fetal hypoxia while trying to conserve energy	Umbilical cord compression. Cord compression/prolapse decreases movement as fetus becomes hypoxic.

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.	Placental insufficiency	Fetal hypoxia / umbilical cord compression	Fetal hypoxia	Still birth / IUGR
What assessments are needed to identify complications early?	Maternal vital signs and fetal heart rate assessment	Kick count evaluations.	Help mom move her on L side lying	Encourage hydration.
What nursing interventions will the nurse implement if the complication develops?	L. side position, apply O2, provide emotional support. IV fluids.	Manage external conditions, monitor vital signs	Continue EFM, prepare for ultrasound	Notify provider STAT, prepare for emergency delivery, document thoroughly

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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		
Goal/Outcome		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Asses fetal cord compromise / perform external fetal monitoring	1. decreased movement may indicate fetal hypoxia, acidosis or distress. Fetal heart activity is way to determine if compromised	1. Pt can use different positions to help with baby movement.
2. Maternal assessment/ history	2. Maternal factors can temporary reduced fetal movement.	2. pt can report increased or normal movement patterns
3. Abdominal assessment / Leopold's maneuvers	3. Fetal movement may be a warning sign of complications such as Oligohydramnios, placental insufficiency, IUGR, Still born.	3. pt demonstrates understanding of fetal kick counts. Promotes early detection of fetal compromise

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

Additional Notes is needed:

Procedure ended @ _____
_____ RN

Nurses Signature:

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Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none">Name/ageG P T PT AB L M EDB / / Est. Gest. Wks. :Reason for admission
Background
<ul style="list-style-type: none">Primary problem/diagnosisMost important obstetrical historyMost important past medical historyMost important background data
Assessment
<ul style="list-style-type: none">Most important clinical data:<ul style="list-style-type: none">Vital signsAssessmentDiagnostics/lab values<i>Trend</i> of most important clinical data (stable - increasing/decreasing)Patient/Family birthing plan?How have you advanced the plan of care?Patient responseStatus (stable/unstable/worsening)
Recommendation
<ul style="list-style-type: none">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: