Student Name: Maame Forson

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: S.R								**Date of Admission:** Today
EDD: 12/08/XX	**Gest. Age** 36 weeks	**G** 1	**P**	**T** 0	**PT** 0	**AB** 0	**L** 0	**M** 0
Blood Type / Rh: unknow			**Rubella Status:** unknown			**GBS Status:** N/A		

Complication with this or Previous Pregnancies:

Breech presentsation at 35 weeks

Chronic Health Conditions:

unknown

Allergies:

morphine

Current Medications:

prenatal witamins

Patient Reported Concern Requiring Outpatient Evaluation:

Scheduled for external cephalic version due to breech presentation. Pt anxious about C-section

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

1.Baseline maternal VS, 2. FHR/NST, 3.uterine activity, 4. abd exam/leapole maneuvers, 5. asses for SROM or labor signs

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
Terbutaline 0.2mg SQ	Beta-2 agonist	Relaxes uterin muscles to decrease contraction	tachycardis tremors hyperglycemia	monitor FHR, Maternal HR and BP, hold if HR > 120 watch utrerine activity
Lactated Ringers	iv fluid	expand intravascular voulume and improves fetal perdusion	fluid overload edema	monitor I/O, lungs sounds, VS

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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
Breech presention	The baby is buttocks first or feet first position. This increases rick of cord prolapse, birt trauma, and C-section delivery if nor resolved
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Cord prolapse, birth truma, C-section,	Unbilical cord compression during labor, hypoxia if not tx,

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.	Discomfort, uterine irritability during	placetntal abruption or emegency C-section	Transient FHR deceleraton	sever felat hypoxia requiring emergent delivery
What assessments are needed to identify complications early?	Continuous FHR Montoring	Maternal VS	Uterine activity monitoring	Asses for vaginal bleeding or SROM
What nursing interventions will the nurse implement if the complication develops?	Stop procedure , Turn Pt L side, O2 NRB IV flid bolus ,Call HCP	Stop procedure , Turn Pt L side, O2 NRB IV flid bolus ,Call HCP	Stop procedure , Turn Pt L side, O2 NRB IV flid bolus ,Call HCP	Stop procedure , Turn Pt L side, O2 NRB IV flid bolus ,Call HCP

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	Ensure maternal fetasl stability during cephalic version	
Goal/Outcome	matenal vs remain satble & FHR remain good throught procedure	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Monitor continuous FHR	1. detect hypoxia early	1. FHR remains Good
2. Monitor maternal Vs	2. Identify low BP, increased HR for terbutaline	2. Maternal VS stable
3. Perpare for emergancy interventions	3. Quick resopnce to decrease maternal risk/fetal risk	3. complications are solved quickly

Student 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

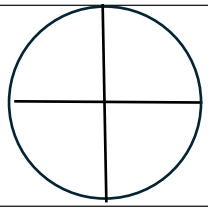
Physician Signature: *Baby Delivery, MD* **Date &Time:** **Today @ 0600**

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

Fetal Assessment:

Position determined by Leopolds _____

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**

Student Name:_____

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: