

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 0	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 vitamins								
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	tachycardia 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 perduction	fluid overload edema	monitor I/O, lungs sounds, VS

Student Name: _____

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 presentation	The baby is buttocks first or feet first position. This increases risk of cord prolapse, birth trauma, and C-section delivery if not resolved
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Cord prolapse, birth trauma, 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	placental abruption or emergency C-section	Transient FHR deceleration	severe fetal hypoxia requiring emergent delivery
What assessments are needed to identify complications early?	Continuous FHR Monitoring	Maternal VS	Uterine activity monitoring	Assess 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 fluid bolus ,Call HCP	Stop procedure , Turn Pt L side, O2 NRB IV fluid bolus ,Call HCP	Stop procedure , Turn Pt L side, O2 NRB IV fluid bolus ,Call HCP	Stop procedure , Turn Pt L side, O2 NRB IV fluid 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 fetal stability during cephalic version		
Goal/Outcome	maternal vs remain stable & FHR remain good through 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. Prepare for emergency interventions	3. Quick response to decrease maternal risk/fetal risk	3. complications are solved quickly	

Student Name: _____

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 99.7⁸ B/P 130/76 P _____ R 18 FHR 120 beats/min

Consent (if required) verified prior to procedure Yes No

Provider arrived @ 1230

Timeout @ 1235 prior to procedure by maame MD camryn RN

Procedure started @ 1240

Procedure performed by camryn MD

Ultrasound by provided confirm:

1. Amniotic pocket - Amniotic fluid _____ ml obtained by provider specimen sent to lab @ _____
2. Fetal position
 - o Position breeched verified prior to version @ 1230
 - o Position head down verified after version @ 1305

Additional Notes is needed:

Procedure ended @ 1240

Nurses Signature: maame/orson RN

Physician Signature _____ MD

Student Name: _____

Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none">Name/age <i>Sarah Roger 23 y/o</i>G <i>1</i> P <i>0</i> T <i>0</i> PT <i>0</i> AB <i>0</i> L <i>0</i> M <i>0</i> EDB <i>12/08/xxx</i> Est. Gest. Wks.: <i>36 wks</i>Reason for admission <i>external version for breeched baby</i>
Background
<ul style="list-style-type: none">Primary problem/diagnosis: <i>Infant breeched position @ 35 wks</i>Most important obstetrical history: <i>breeched baby position</i>Most important past medical history: <i>she fear having a C-section</i>Most important background data: <i>baby breech; cervical exam 2cm, 85%, -1 dilated effaced station</i>
Assessment
<ul style="list-style-type: none">Most important clinical data:<ul style="list-style-type: none">Vital signs <i>FHR = 120 bpm / maternal BP = 130/76 /</i>Assessment <i>Leopoldo manuever / vaginal exam</i>Diagnostics/lab values = <i>Nitrazine test</i>Trend of most important clinical data (stable - increasing/decreasing)Patient/Family birthing plan? <i>try to have a vaginal birth</i>How have you advanced the plan of care? <i>administer Terbutaline 15 prior to version</i> <i>monitor FHR & maternal VS</i>Patient response: <i>pt tolerated the procedure. Pt stated she felt like she had peed. Nitrazine test was done come back blue-green color suggesting srom occurred after external version.</i>Status (stable/unstable/worsening) <i>unstable → admitted in</i>
Recommendation
<ul style="list-style-type: none">Suggestions for plan of care<ul style="list-style-type: none"><i>monitor maternal srom</i> . educate pt & fx on the priority of rest post labor<i>monitor fetus FHR</i><i>monitor fetus position w/ ultrasound any changes</i> . educate mom on drinking and breast feeding

O2 therapy *N/A*

IV site *19g @ Forearm* IV Maintenance *LR @ 120ml/hr*

Pain Score _____ Treatment *external version*

Medications Given *Terbutaline 0.25mg SQ (15min prior)*

Fall Risk/Safety _____

Diet *general diet*

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes:

NAME: _____

DATE: _____

POST-CLINICAL REFLECTION **OB Simulation Reflection - due on Thursday by 2359**

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

Reflection Question

Nurse Reflection

What feelings did you experience in clinical?

In my sim experience I felt more confident in myself after my experience. In the moment I was unsure but after hearing all the feedback I realized I did NOT need help from my peers. Which was something I need.

Why?

What did you already know and do well as you provided patient care?

I executed my priority and insured my patients safety. I made sure that my pt was safe and had all her needs and adjusted to any new finding that arose

What areas do you need to develop/improve?

I need to develop/improve my confidence in the actions that I am taking.

What did you learn today?

The sim lab brought back all the information that was taught back in the first week and helped me implement into the sim such as lab values, interventions, and heart monitor

How will you apply what was learned to improve patient care?

I will apply the knowledge I learned in my last week of clinical to be able to confidently take care of my pt as well as catch abnormalities that I observe

Please reflect on how your OB simulation learning experience assisted in meeting 2-3 of the Student Learning Outcomes.

1. Professionalism:

I offered teach to my patients friends during my sim scenario teaching them the guidelines to keep my patient and baby safe

2. Clinical Judgment:

During my scenario I used my clinical judgment when my patient felt a rupture after the external version that

was done for my breeched baby, by doing a Nitrazine test.

3.