

Student Name: Alli Talamantes

Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>S.H.</u>				Date of Admission:				
EDD: <u>12/10/XX</u>	Gest. Age <u>36 weeks</u>	G <u>2</u>	P <u>0</u>	T <u>0</u>	PT <u>0</u>	AB <u>0</u>	L <u>0</u>	M <u>0</u>
Blood Type / Rh: <u>O+</u>		Rubella Status: <u>immune</u>			GBS Status: <u>Negative</u>			
Complication with this or Previous Pregnancies: <u>Infant breech at 39 weeks</u>								
Chronic Health Conditions: <u>None</u>								
Allergies: <u>NADA</u>								
Current Medications: <u>Prenatal Vitamins</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>Fearful of needing C-Section; here for scheduled external cephalic version at 36 weeks</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Maternal vs. uterine activity, & FHR before, during and after ECV Patient understanding and anxiety about the procedure</u>								

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
<u>Terbutaline</u>	<u>Tocolytic</u>	<u>Relaxes uterine muscles to reduce contractions during ECV</u>	<u>↑HR, tremors,</u>	<u>Monitor HR, BP, uterine activity, lung sounds, FHR</u>
<u>Lactated Ringers</u>	<u>Isotonic IV Fluid</u>	<u>Expands circulating volume</u>	<u>Fluid overload</u>	<u>Monitor Intake & Output</u>
<u>Prenatal Vitamins</u>	<u>Supplement</u>	<u>Provides essential nutrients for maternal / fetal health</u>	<u>GI upset, constipation</u>	<u>Ensure pt is taking daily; monitor for tolerance</u>

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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 Presentation	Buttocks or feet 1st instead of head down in late pregnancy. This position ↑ the risk for difficult delivery, fetal distress or cesarean birth.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Risk for fetal distress or Birth Trauma	A breech position can ↑ the risk of cord compression and ↓ O ₂ delivery to the fetus during labor.

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.	Uterine irritability or mild discomfort	Placental abruption, need for emergency C-section	Fetal Heart Rate Decelerations	Severe Fetal Distress or Fetal Demise
What assessments are needed to identify complications early?	Maternal VS, uterine activity	Signs of abdominal pain, bleeding, hypotension	Continuous FHR monitoring, NST	Persistent bradycardia, late decelerations, or absent variability
What nursing interventions will the nurse implement if the complication develops?	Reposition, IV fluids, reassurance	Stop procedure, notify provider, prepare OR	Reposition mother, O ₂ , IV bolus	activate emergency response, prepare for C-section

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 and fetal safety during ECV while reducing anxiety and preventing complications	
Goal/Outcome	Keep mother and fetus stable throughout ECV and minimize risk for complications	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Monitor maternal vital signs & uterine contractions q15 min. 2. Continuous FHR monitoring before, during, and after ECV 3. Provide patient teaching, reassurance, and support	1. Detect early signs of tachybradycardia or instability 2. Detect early signs of fetal distress 3. Reduce anxiety, improve cooperation with procedure	1. Stable maternal VS and uterine activity remain within normal limits 2. FHR remains within normal limits no prolonged decelerations 3. Pt demonstrates understanding of procedure, anxiety is minimized, reports feeling supported.