

Student Name: Stefanie Black

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 w/ contractions every 10 mins for past hr	Normal progression of labor but pts Hx and medications for Asthma & stress of labor could cause Asthma Attack, Resp distress, ↓ O ₂
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Reduced O ₂ if Asthma Attack occurs	If mom's O ₂ decreases, baby's O ₂ decreases

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.	Asthma Attack during labor	Severe Asthma Attack leading to Resp Compromise potentially leading to death	FHR changes Related to Mom's Hypoxia	Fetal hypoxia leading to fetal distress - Death
What assessments are needed to identify complications early?	- RR, WORK of breathing - Lung sounds - O ₂ SAT - Pt Reports SOB or tight chest	- Severe dyspnea - Significant ↓ Breath sounds - Falling O ₂ Sat - Tachycardia	- Continuous FHR monitoring - Observe for ↓ variability or decels - Compare FHR changes w/ mom Resp status	- Non Reassuring FHR - Late decels - Minimal to absent variability - Prolonged decels - Mom's O ₂ Sat trends
What nursing interventions will the nurse implement if the complication develops?	- Sit pt up - Admin Prevental as Rx - Apply & monitor O ₂ closely - Calm coaching & Breathing	- Apply high flow O ₂ non Rebreather - bronchodilators Rx - Continuous M/F monitoring - Prep for airway management if needed	- Maternal O ₂ - Reposition mom to Lt lateral - Treat mom's Asthma symptoms promptly	- O ₂ to Mom immediately - Reposition mom to Lt lateral - Stop labor stimulating meds - Notify provider STAT - Prep for emergency 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	Maintain Adequate Maternal Oxygenation to ensure Fetal oxygenation		
Goal/Outcome	Well oxygenated mother = well oxygenated baby all through labor & delivery		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Assess & Maintain maternal Respiratory Status	1. Stress & ↑ O ₂ demand may trigger asthma attack ↓ O ₂ to baby	1. Maternal Oxygenation = Fetal oxygenation	
2. Monitor Fetal Status Related to Maternal Resp Status & labor	2. UC & maternal hypoxia can ↓ O ₂ to baby - Continuous Fetal monitoring allows early detection of ↓ fetal oxygenation	2. FHR remains wNL - No persistent late or prolonged decels - Adequate Fetal oxygenation is maintained	
3. Support effective labor progression while minimizing stress	3. Poor pain management & anxiety can worsen asthma symptoms & interfere w/ effective labor progression	3. Labor progresses w/out maternal or fetal compromise	

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Outpatient Preparation Worksheet - OB Simulation

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

Patient initials: <u>AJ</u>		Date of Admission: <u>Today</u>						
EDD: <u>3/27/XX</u>	Gest. Age: <u>38 5/7</u>	G: <u>2</u>	P: <u>1</u>	T: <u>1</u>	PT: <u>0</u>	AB: <u>0</u>	L: <u>1</u>	M: <u>0</u>
Blood Type / Rh: <u>O+</u>		Rubella Status: <u>Immune</u>			GBS Status: <u>Positive</u>			
Complication with this or Previous Pregnancies: <u>Large 1st baby, current baby was positioned high at last prenatal appt.</u>								
Chronic Health Conditions: <u>Asthma</u>								
Allergies: <u>SBAR states Penicillin, Triage Protocol Orders state Morphine</u>								
Current Medications: <u>Prenatal vitamins, Singulair, Advair MDI, Proventil MDI</u>								
Patient Reported Concern Requiring Outpatient Evaluation: <u>Pt Reports early labor at 38 5/7 weeks, contractions every 10mins for past hour</u>								
What PRIORITY assessment do you plan based on the patient's reported concern? <u>Obstetrical nursing assessment to determine maternal-fetal status / labor status & resp status</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
Prenatal Vitamins	Vitamin & Mineral Supplement	Provides supplemental vitamins & minerals to support health of mother & growth & development of baby	- Nausea - Dark stools - Constipation - GI upset	- Assess Nutrition - Monitor for side effects - Take w/ food to ↓ nausea - Teach importance of daily compliance
Singulair	Leukotriene Receptor Antagonist	Blocks leukotriene in lungs to reduce inflammation, bronchoconstriction, fluid buildup & mucus	- Headache - Abdominal pain - Fatigue - Mood/behavior changes	- Assess Respiratory - NOT for Acute Asthma Attacks - Teach importance of adherence for long-term control
Advair MDI	Inhaled corticosteroid - Long Acting Beta-agonist	- 2 meds in 1; corticosteroid reduces inflammation in airway - LABA - relaxes smooth muscles in airway	- Thrush (oral) - Hoarseness - Headache - Tachycardia	- Assess lung sounds, RR, O2 sat - Teach Rinse mouth after use - Observe proper inhaler technique - Maintenance (NOT Rescue)
Proventil MDI	Short Acting Beta Agonist	Quickly Relaxes the muscles in airway - Rescue Inhaler	- Tremors - Tachycardia - Nervousness - Headache	- Assess Respiratory before & after - Monitor HR & BP - Teach it is a rescue inhaler - Use before exercise if exercise induced asthma