

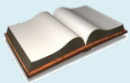


## Guided Practice: Stork Inpatient Nurse – Antepartum Navigator

### Exercise

To Complete Guided Practice outside of class:

- Use this information to log in to the Epic PLY environment.
- Refer to your Tent Card for the User ID and Password for Inpatient Nurse.
- Refer to your Tent Card for your Guided Practice patient Petunia.

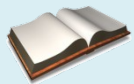


#### Scenario

Your patient is a 32 week G1P0 who presented to your Birth Center with back pain and urinary complaints as well as some intermittent contractions. You triaged her and called the provider who has ordered several lab tests, an US of her kidneys, and IV fluids and pain medication. She will be here for at least several hours.

- 1) Find your patient on the **L&D Grease Board** or on your **Patient List**.
- 2) Click the **Navigators Button**.
- 3) Click on the **Antepartum Navigator Tab** to open up the **Antepartum Navigator**.

The Antepartum Navigator was designed to be used for undelivered patients who will be staying longer than the general Triage period. Use this navigator from top to bottom to complete the antepartum workflow



#### Assessments

- 1) Vital Signs- Document as appropriate for the patient scenario
  - a. Vital Signs
  - b. Oxygen Therapy
  - c. Height/Weight
  - d. Pain Assessment
- 2) Labor Monitoring
  - a. This section would be used for intermittent or continuous labor monitoring.
  - b. Enter appropriate fetal heart tone and uterine activity assessment here.

- 3) NST
  - a. This section is for documenting any provider ordered NST's during a patient's Antepartum stay.
- 4) Physical Assessment
  - a. You will chart by exception
  - b. Fill out this assessment with relevant patient data.
  - c. Tattoos/Piercings only need to be address when patient is scheduled for surgery.
- 5) DVT Risk Assessment
  - a. This section will need to be documented each shift.
  - b. Fill out this section taking your patient into consideration.
- 6) Skin
  - a. All patients need to have a Braden Scale documented every 8 hours or with a change in condition.
- 7) Falls
  - a. All patients need to have a fall risk documented every 8 hours or with a change in condition.
- 7) Comfort/Hygiene- document as needed.
- 8) Activity/Safety- document as needed.
- 9) I&O - document as needed.
- 10) OB Provider Notified - Document when you notify the OB Provider.
- 11) Critical Results – When you receive any Critical result(s), you are required to document them here.
- 12) Interpreter Needed – document as needed.



## Nursing Tasks

- 1) Care Plan
  - a. Placed in the navigator workflow to encourage timely documentation.
  - b. Click on **Care Plan** or use the blue hyperlink "**Go to Care Plan**".
  - c. Review and update the Care Plan as necessary.
  - d. Click the green back arrow to return to the navigator when you are finished.

2) Patient Education

- a. Click on **Patient Education** or use the blue hyperlink “**Go to Patient Education**”.
- b. Review and/or update the **Patient Education**.
- c. Click the back arrow to return to the navigator when you are finished.

3) Progress Note

- a. Enter and sign a Progress Postpartum **DAR** Note.

This completes your **Antepartum Navigator** Guided Practice Session. This is not all inclusive of a typical workflow; it only highlights specific portions of the Navigator.