Allergies: _____

Status: ☐ Inpatient ☐ Clinical
Location: ☐ Women's Center ☐ Labor & Delivery

MEDICATIONS & MONITORING: (check box to activate)

☐ Dinoprostone gel (Prepidil) 0.5 mg cervical X 1. May repeat every 6 hours for a total of 3 doses. *ADMINISTERED BY LICENSED INDEPENDENT PRACTITIONER ONLY*. Monitor contractions and fetal response for 2 hours post insertion. Delay oxytocin administration for 6 hours after last dose of dinoprostone gel	Cervical Ripening
☐ Misoprostol (Cytotec) 25 mcg vaginal. May repeat every 3 - 6 hours, not to exceed 6 doses in 24 hours. Monitor contractions and fetal response for 4 hours after insertion of first dose, or continuously if repeating doses. Delay oxytocin administration for 4 hours after last dose of misoprostol	Cervical Ripening

NURSING CARE: (check box to activate)

☐ Saline Lock
Vital signs on admission (temperature, heart rate, respirations, and blood pressure), then BP & HR every 4 hours and prior to discharge
External fetal monitor for reactive Non-stress Test or Category 1 (normal) fetal heart rate (FHR)
Monitor contractions and fetal response as directed with each medication and prior to discharge

Complication Management:

If uterine tachysystole (6 or more contractions in 10 minutes):
1. Reposition patient to left or right lateral recumbent position

Notify Licensed Independent Practitioner

If uterine hyperstimulation, with Category 3 (abnormal) FHR occurs:
1. Reposition patient to left or right lateral recumbent position
2. Start O_2 at 10 L via non-rebreather face mask
3. LR 250 - 500 mL bolus
4. If no response, administer terbutaline 0.25 mg SubQ X 1

Notify Licensed Independent Practitioner

Patient may be discharged when the following criteria met:

FHR tracing is reassuring
Mild to moderate contractions of 6 or less in 30 minutes
2 hours after dinoprostone gel (Prepidil) administration
6 hours after misoprostol (Cytotec) administration

_____ _____ _____
Licensed Independent Practitioner Signature | Date | Time