

Allergies: _____

Medical Induction Elective Induction Augmentation EDC: _____ Adequate pelvis for: SGA AGA LGA

Indication for induction (see reverse): _____

NURSING INTERVENTIONS:

BISHOP SCORING SYSTEM for induction only

Score	Dilation (cm)	Effacement (%)	Station	Consistency	Position of Cervix
0	Closed	0 - 30	-3	Firm	Posterior
1	1 - 2	40 - 50	-2	Medium	Midposition
2	3 - 4	60 - 70	-1, 0	Soft	Anterior
3	Equal to or greater than 5	Equal to or greater than 80	+1, +2		
Total: _____					

Continuous external fetal monitor

Delay oxytocin (PITOCIN) initiation for at least 4 hours after misoprostol (CYTOTEC) administration

Delay oxytocin (PITOCIN) initiation for 6 hours after dinoprostone gel (PREPIDIL) administration

MEDICATIONS: (Check box to activate)

<input type="checkbox"/> oxytocin (PITOCIN) 30 units in 500 mL IV. Initiate infusion at 1 milliunit/ minute. Increase by 1 – 2 milliunits/ minute no more frequently than every 30 minutes until adequate contractions every 2 – 3 minutes achieved. Do not exceed 20 milliunits/ minute. Decrease infusion as directed by complication management.	Uterine Stimulant
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Complication Management:

Tachysystole with category I or II fetal heart rate (FHR):

Reposition patient to left or right lateral position

Lactated Ringers IV fluid bolus 500 mL (unless fluid volume restricted)

After 10 minutes, decrease oxytocin infusion by ½ (half)

After 20 minutes, discontinue oxytocin infusion until uterine activity is less than 5 contractions in 10 minutes

Tachysystole with category III fetal heart rate:

Discontinue oxytocin infusion

Reposition patient to left or right lateral position

Lactated Ringers 500 mL IV fluid bolus (unless fluid volume restricted)

O₂ at 10 L/ minute via non-rebreather facemask for 15 - 30 minutes

If no response, terbutaline 0.25 mg subcutaneously X 1

Oxytocin Infusion Resumption:

If oxytocin infusion discontinued for less than 30 minutes and the FHR is a category I or II and tachysystole has resolved, restart infusion at ½ (half) the last rate. If oxytocin infusion discontinued for greater than 30 minutes, restart the infusion at the initial rate

Notify Provider If:

Inadequate FHR recording or inadequate uterine contraction recording by external monitor

Unable to establish adequate uterine contractions

Oxytocin infusion rate needs to be increased beyond 20 milliunits/ minute

Category III FHR patterns not responsive to intrauterine interventions

Tachysystole continues after interventions for treatment

Physician/ CNM ARNP Signature

Date

Time



OXYTOCIN INDUCTION & AUGMENTATION ORDERS

P0151D (Rev 0711) White – Chart/ Scan to Pharmacy

Conditions Justifying Delivery Prior to 39 weeks Gestation

Common Reason	ICD-9-CM Description	Code
SROM	Spontaneous rupture of membranes	None
Patient Presents in Labor	Changes in cervix, regular contractions	None
Abruption	Premature separation of placenta	641.21
Blood group incompatibility	ABO Isoimmunization	656.21
Chorioamnionitis	Chorio	658.41
Coagulation defects (please specify) - Thrombophilia - Von Willibrands - Congenital Factors (8, 9, etc.) - Hypoprothrombinemia	Coagulation defects complicating pregnancy	649.31
Congenital Cardiovascular disorder/disease	Congen CV disorder/disease	648.5 - .6
Diabetes Mellitus	Diabetes Mellitus-deliver	648.01
Fetal Abnormality- Known or suspected	Fetal Abnormal – necessitating delivery	655.8
Fetal Distress	Fetal Distress/ Fetal Acidemia	656.31
Gestational Diabetes	Abnormal Glucose Tolerance	648.81
Hemorrhage associated w/coagulation defects	Coagulation Defect Hemorrhage	641.31
Human Immunodeficiency Virus	Human Immunovirus disease	042
Hypertension - Pre-existing complicating Pregnancy	Old HTN necessitating delivery	642.21
Hypertension -Transient HTN in Pregnancy	Transient Hypertension	642.31
IUGR - Intrauterine Growth Restriction	Poor Fetal Growth	656.51
Low AFI / Oligohydramnios	Oligohydramnios	658.01
Polyhydramnios	Polyhydramnios	657.01
Non Reassuring Fetal HR	Abnormal Fetal HR or Rhythm	659.71
Placenta Previa	Placenta Previa	641.01
Poor Obstetric History: stillbirth, neonatal death	Pregnancy w/poor reproductive history	V23.5
Pre-eclampsia	Eclampsia	642.4
Premature rupture of Membranes	Premature Rupture of Membranes	658.11
Premature separation of placenta	Premature Separation Placenta	641.21
Prolong Ruptured Membranes	Delayed delivery after SROM	658.21
Renal Disease - Unspecified	Renal Disorder	646.21
Rhesus isoimmunization	RH isoimmunization	656.11
Unstable Lie/Variable lie	Unstable Lie	652.01
Vasa Previa	Vasa Previa	663.53

Physicians: Please carry your diagnosis into your Progress Note or Discharge Summary to provide supportive documentation for diagnosis and treatment.