

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ Sent to Pharmacy: \_\_\_\_\_

- Evaluate history for allergy to prostaglandins, misoprostol, terbutaline

**PHARMACY/ IVs:**

- Misoprostol (Cytotec) 25 micrograms (1/4 of 100 microgram tablet) intravaginally by MD /CNM q4h
- Terbutaline 0.25 mg subcutaneously X 1 prn for uterine tachysystole with indeterminate/abnormal FHR pattern:
  - >5 contractions in 10 minutes, averaged over a 30 minute window; **OR**
  - Contractions lasting  $\geq$  2 minutes or more; **OR**
  - Contractions of normal duration occurring within 1 minute of each other; **OR**
  - Insufficient return of uterine resting tone between contractions via palpation or intraamniotic pressure > 25 mm Hg between contractions via IUPC)
- If GBS (Group B Strep) positive or uncultured and at risk follow Intrapartum Group B Strep (GBS) Prophylaxis Order Set; may use PRN adapter if no IV access

**DIET:**

- Clear liquids

**NURSING ORDERS /TREATMENTS:**

- Follow Care Path for Labor and Birth and initiate Labor and Birth Order Set**
- PRN adapter for IV access
- Physician/ CNM cuts and inserts tablet
- Maximum total dose: 200 micrograms in 24 hours or 6 doses of 25 micrograms
- Re-dosing should be withheld if there are
  - 2 or more contractions in 10 minutes
  - Adequate cervical ripening is achieved (bishop score >8 or vaginal exam  $\geq$  3cms and 80% effaced.
  - Active labor is established
  - FHR is indeterminate or abnormal
- Misoprostol may be administered 60 minutes following removal of Cervidil insert
- Pitocin may be started 4 hours after last dose of Misoprostol
- Notify MD if:
  - Administration of terbutaline
  - Uterine tachysystole occurs with indeterminate/abnormal FHR pattern. Uterine tachysystole is defined as a persistent pattern of
    - 5 contractions in 10 minutes, averaged over a 30 minute window
    - Contractions lasting  $\geq$  2 minutes, or
    - Contractions of normal duration occurring within 1 minute of each other
    - Insufficient return of uterine resting tone between contractions via palpation or intraamniotic pressure > 25 mm Hg between contractions via IUPC
- Intrauterine Resuscitation Techniques for Uterine tachysystole with indeterminate/abnormal FHR pattern
  - Remove remaining misoprostol by vaginal exam, if possible
  - Lateral positioning
  - IV Fluid bolus with 500 ml Lactated Ringers
  - Consider oxygen at 10 L/min via nonrebreather facemask
  - If no response, consider 0.25 mg Terbutaline SQ
  - Notify primary provider of actions taken and maternal-fetal response
- Maternal BP –P – R q1h x 4, then q4h if not in active labor. If in active labor follow Labor and Birth Order Set for vital sign frequency.
- Temperature q4h if membranes intact; q2h if membranes ruptured; hourly if Temp > 100.4°F or GBS+ with rupture of membranes.
- Electronic Fetal Monitoring – continuous
- Bedrest for 1st hour after insertion of each tablet, then bathroom privileges

Phone/Verbal		MD		RN	
Order entered by:	Time	Non Rx Orders verified by:	Time	Rx Orders verified by:	Time

Presbyterian HEALTHCARE

**Obstetrics and Gynecology**  
**Medications: Misoprostol (Cytotec) for**  
**Cervical Ripening/Induction of Labor Order Set**

OS-D-OBG-15012F R 2/4/2010



OD0010

Name / Label / Addressograph