

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Sent to Pharmacy: \_\_\_\_\_

- Billing Status:  Observation  Admit

**PHARMACY/IVs:**

- Terbutaline 0.25 mg subcutaneously X 1 prn for uterine hyperstimulation with non-reassuring fetal status
- Uterine hyperstimulation is defined as a persistent pattern of:
  - ≥ 6 contractions in 10 minutes; **OR**
  - contractions lasting ≥ 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) with non-reassuring fetal status.
  - May repeat x 1 in 15 min.
- If GBS positive or uncultured and at risk follow Intrapartum Group B Strep (GBS) Prophylaxis Order Set; may use PRN adapter if no IV access
- Sodium Chloride 0.9% 500 ml to infuse via the non-balloon port of the Foley catheter at 30 ml/hr

**DIET:**

- Clear liquids

**NURSING ORDERS AND TREATMENT:**

- PRN adapter for IV access if no continuous intravenous infusion
- Follow Labor and Birth Care Path and initiate Labor and Birth Order Set**
- Fetal monitoring:
  - 30 min. strip before insertion demonstrating reassuring fetal status
  - Continuous electronic fetal monitoring (EFM) while catheter in place
- Electronic fetal heart rate monitoring - continuous:
  - Obtain 30-minute baseline strip prior to initiation of induction/augmentation and document fetal status.
  - Monitor FH response (baseline rate, baseline variability, accelerations, decelerations) and uterine activity (frequency, duration, intensity, resting tone); document per unit policy
- Notify MD if:
  - If terbutaline administered
  - If saline infusion via foley stopped
- Uterine hyperstimulation occurs. Uterine hyperstimulation is defined as a persistent pattern of
  - ≥ 6 contractions in 10 minutes
  - Contractions lasting ≥ 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

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



**Obstetrics and Gynecology**  
**Foley with or without Extra-Amniotic Saline**  
**Infusion (EASI) for Cervical Ripening**

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**NURSING ORDERS AND TREATMENT (continued):**

- Intrauterine Resuscitation Techniques for Hyperstimulation with Reassuring FHR:
  - Lateral positioning
  - IV Fluid bolus with 500 ml Lactated Ringers
- Intrauterine Resuscitation Techniques for Hyperstimulation with Nonreassuring FHR:
  - Discontinue 0.9% sodium chloride infusion via foley
  - 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
- Infuse 0.9% NaCl (room temperature) at 30 ml/hr through the Foley catheter using the non-balloon inflating port while catheter is in place or up to 12 hours
- Check catheter placement after 6 hours
  - If the catheter has spontaneously dislodged, deflate the balloon and remove the catheter
  - If the catheter remains in the internal cervical os, the catheter may remain in place for an additional 6 hours
- After 12 hours of EASI
  - If cervical dilatation has occurred the catheter is removed
  - If the cervix remains unchanged, the above regimen may be repeated
- Note to RN: Low-Dose Oxytocin may be run concurrently with EASI

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