

Form Title **Induction of Labor Order Set**

Form Number **20865**

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Last Name	
First Name	
PHN#	MRN#
Birthdate (dd-Mon-yyyy)	Physician

Induction of Labour Orders Set

Select orders by placing a (✓) in the associated box

Patient Care		
Diet		
<input type="checkbox"/> Maternal Diet <input type="checkbox"/> NPO – when in active labour <input type="checkbox"/> NPO – may take oral medications <input type="checkbox"/> Clear Fluids <input type="checkbox"/> Other _____		
Activity		
<input type="checkbox"/> Bedrest <input type="checkbox"/> Bedrest with Bathroom privileges <input type="checkbox"/> Ambulate with assist <input type="checkbox"/> Activity as tolerated		
Monitoring		
<input type="checkbox"/> Vital signs: These orders need to be re-evaluated based on progression of labour. Vital signs to include: temperature (T), pulse rate (P), respiratory rate (RR) , blood pressure (BP) and oxygen saturation (O2 sat) with options to include: <ul style="list-style-type: none"> <input type="checkbox"/> As per local standards <input type="checkbox"/> Every _____ minutes <input type="checkbox"/> Every _____ hour 		
<input type="checkbox"/> External Fetal Monitoring <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Continuous external fetal monitoring (EFM) upon initiation of oxytocin <input checked="" type="checkbox"/> May interrupt external fetal monitoring (EFM) tracing for 30 minutes to facilitate periods of ambulation, bathing or position changes <input checked="" type="checkbox"/> Notify the primary clinician based on the fetal heart rate guideline 		
Laboratory Investigations		
<i>Ensure completed prior to decision to proceed with cervical ripening and induction of labour.</i>		
Hematology		
<input type="checkbox"/> Complete Blood Count (CBC) with differential <input type="checkbox"/> Type and Screen (consider if high risk patient only)		
Microbiology		
<input type="checkbox"/> Syphilis Antibody Test – Blood		
Urine Tests		
<input type="checkbox"/> Urine Dipstick Testing - Point of Care Test <input type="checkbox"/> Urinalysis Random		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)

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Intravenous Therapy

- Intravenous Cannula – Insert: Initiate IV
- IV Peripheral Saline Flush/Lock: Insert: Saline Lock
- sodium chloride 0.9% infusion IV at _____ mL/hour
- lactated ringers infusion IV at _____ mL/hour

Medications

- oxytocin Infusion** – oxytocin should not be administered, within 6 hours of dinoprostone gel administration (*Prostin E2®*), within 30 minutes of removal of dinoprostone vaginal insert (*Cervidil®*), or within 4 hours of misoprostol dose
 - oxytocin 20 units in _____ (*sodium chloride 0.9% OR lactated ringers infusion*) IV 1000 mL
 - Administer oxytocin 1 to 2 milliunits/minute. Increase the infusion rate by one to two milliunits every 30 minutes, until adequate uterine response is obtained to achieve active labour to a maximum rate of 20 milliunits/minute as per protocol
 - Notify the primary clinician for assessment prior to increasing beyond 20 milliunits/minute
 - For term health women, consider discontinuation or holding of oxytocin administration when contracting regularly and greater than 5 cm dilation
- oxytocin 5 units DIRECT IV with delivery of anterior shoulder
- oxytocin 10 units IM with delivery of anterior shoulder if no IV access
- Other: _____ Dose _____ mg Route _____ Frequency _____ hours

PRN Analgesics

- morphine _____ mg IM every 3 hours PRN
- morphine 2.5 mg DIRECT IV every 10 minutes PRN. Maximum dosage 10 mg
- fentaNYL _____ mcg DIRECT IV every 10 minutes PRN, (*Recommended fentaNYL dose: 0.5 mcg/kg*). Maximum 50 mcg per dose. Maximum cumulative dose of 2 mcg/kg in 1 hour. Maximum total cumulative dose of 4 mcg/kg
- Entonox® Inhalation PRN during contractions

PRN Antinauseants

- dimenhyDRINATE _____ mg IM/IVPB every 3 hours PRN

Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)
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Group B Strep Positive/Status Unknown

If No Known allergy to penicillin →	penicillin <input type="checkbox"/> penicillin G sodium 5 million units IV once and then penicillin G sodium 2.5 million units IV every 4 hours until delivery (<i>no known allergy to penicillin</i>)
Allergy to penicillin (no evidence/risk of anaphylaxis) →	ceFAZolin <input type="checkbox"/> ceFAZolin 2 g IV once and then ceFAZolin 1 g IV every 8 hours IV until delivery
	clindamycin <i>Isolate susceptible to clindamycin</i> <input type="checkbox"/> clindamycin 900 mg IV every 8 hours until delivery (<i>Group B isolate susceptible to clindamycin</i>)
	vancomycin <i>Isolate resistant to clindamycin (including inducible resistance or when susceptibilities)</i> <input type="checkbox"/> vancomycin 1 g IV every 12 hours until delivery (<i>15mg/kg based on actual body weight to maximum of 2 g [Group B isolate resistant to clindamycin, including inducible resistance]</i>)

Transitions and Referrals

<input type="checkbox"/> Consult Anesthesia	Consultant Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Required
<input type="checkbox"/> Consult Obstetrician on call	Consultant Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Required
<input type="checkbox"/> Consult Endocrinology	Consultant Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Required
<input type="checkbox"/> Consult Neonatology	Consultant Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Required
<input type="checkbox"/> Consult _____	Consultant Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Required
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)	