Alberta Health Services

Form Title **Cervical Ripening Order Set**

Form Number **20864**

Alberta Health Services

Cervical Ripening Orders Set

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

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

Patient Care

Diet

☐ Maternal Diet
☐ NPO – when in active labour
☐ NPO – may take oral medications
☐ Clear Fluids – when in active labour
☐ Other _____

Activity

☐ Bedrest
☐ Bedrest with Bathroom privileges
☐ Ambulate with assist
☐ Activity as tolerated

Monitoring *(Vital signs are indicated at a minimum of every hour in the initial 1-4 hours)*

☐ 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:
  - ☐ As per local standards
  - ☐ Every _____ minutes
  - ☐ Every _____ hour

☐ External Fetal Monitoring
  - ☐ Nonstress test (NST) immediately prior to dinoprostone or balloon catheter insertion to determine fetal well being
  - ☐ Notify the primary clinician based on the Electronic Fetal Heart Rate Guidelines
  - ☐ Monitor fetal heart rate for at least 60 minutes post dinoprostone gel or dinoprostone vaginal insertion

Laboratory Investigations

Ensure completed prior to decision to proceed with cervical ripening and induction of labour.

Hematology

☐ Complete Blood Count *(CBC)* with differential

Microbiology

☐ Group B Strep Vaginal/Rectal Swab *(if status unknown)*

Prescriber Signature	Date *(dd-Mon-yyyy)*	Time *(hh:mm)*

Alberta Health Services

Cervical Ripening Orders Set

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

Laboratory Investigations *continued*

Urine Tests

☐ Urine Dipstick Testing - Point of Care Test

☐ Urinalysis Random

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

☐ dinoprostone vaginal insert 10 mg INTRA VAGINALLY once. (*dinoprostone may be left insitu for up to 24 hours)*

☐ Remove dinoprostone vaginal insert upon onset of active labour, rupture of membranes, or 24 hours after insertion

☐ dinoprostone vaginal gel _____ mg INTRA VAGINALLY once

☐ May repeat dinoprostone vaginal gel _____ mg INTRA VAGINALLY after 6 hours

☐ 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 IVPB every _____ hours PRN

☐ dimenhyDRINATE _____ mg IM every _____ hours PRN

Transitions and Referrals

☐ Consult Anesthesia	Consultant Contacted	☐ Yes	☐ Not Required
☐ Consult Obstetrician on call	Consultant Contacted	☐ Yes	☐ Not Required
☐ Consult Endocrinology	Consultant Contacted	☐ Yes	☐ Not Required
☐ Consult Neonatology	Consultant Contacted	☐ Yes	☐ Not Required
☐ Consult _____	Consultant Contacted	☐ Yes	☐ Not Required

Prescriber Signature	Date *(dd-Mon-yyyy)*	Time *(hh:mm)*