

Form Title **Induction of Labour Order Set**

Form Number **20865Bond**

© 2018, Alberta Health Services, CKCM



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. The license does not apply to content for which the Alberta Health Services is not the copyright owner.

To view a copy of this license, visit

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Disclaimer: *This material is intended for use by clinicians only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.*

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

Induction of Labour Order 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:		
<input type="checkbox"/> As per local standards		
<input type="checkbox"/> Every _____ minutes		
<input type="checkbox"/> Every _____ hour		
<input type="checkbox"/> External Fetal Monitoring		
<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 <i>(consider if high risk patient only)</i>		
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 <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

Induction of Labour Order Set

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 3 units DIRECT IV with delivery of anterior shoulder. Dilute in 3mL Normal Saline and administer over 60 seconds with delivery of anterior shoulder.
 - oxytocin 10 units IM with delivery of anterior shoulder if no IV access
- For patients at high risk of post partum hemorrhage*
- carbetocin 100 mcg IV with delivery of anterior shoulder
 - carbetocin 100 mcg IM with delivery of anterior shoulder
- 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 <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
----------------------	---------------------------	---------------------

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

Induction of Labour Order Set

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 <i>(no evidence/risk of anaphylaxis)</i> →	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 <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>