

SUBJECT: INSERTION AND MAINTENANCE OF THE INTRAUTERINE PRESSURE CATHETER	REFERENCE #2017
DEPARTMENT: LABOR AND DELIVERY	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

Insertion of the intrauterine pressure catheter is used to monitor internal intrauterine pressures and contraction timing. In view of the triple lumen property, it may also be used for amnioinfusion and for amniotic fluid specimen collection.

LEVEL OF RESPONSIBILITY:

- Physician
- Registered Nurse

INDICATIONS:

- The intrauterine pressure monitoring catheter is for use on patients requiring intrauterine pressure monitoring.
- Some indications may be, but not required:
 - Inability to record an accurate external reading due to patient activity or inability to adequately monitor externally
 - Patients on pitocin who do not demonstrate progressive cervical dilatation (no change in two [2] hours)
 - Patients with documented oligohydramnios with increasingly severe variable fetal heart rate decelerations
 - VBAC candidates

EQUIPMENT:

- Intrauterine pressure catheter
- Sterile gloves
- Betadine solution
- Reusable connecting cable which connects IUPC to the fetal monitor

SUBJECT: GESTATIONAL AGE EVALUATION	REFERENCE #2024
DEPARTMENT: LABOR AND DELIVERY	PAGE: 1
	OF: 7
APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

All infants will be evaluated for gestational age so as to be observed and treated appropriately.

PROCEDURE:

- Assess the neonate using the “New Ballard Scoring System.”
 - Posture:
 - With the infant supine and quiet, score as follows: (The greater flexion equals greater gestational age.)
 - 0 Arms and legs extended
 - 1 Slight or moderate flexion of hips and knees
 - 2 Moderate to strong flexion of hips and knees
 - 3 Legs flexed and abducted, arms slightly flexed
 - 4 Full flexion of arms and legs
 - Square Window:
 - Flex the hand at the wrist; do not rotate wrists. Exert pressure sufficient to get as much flexion as possible. The angle between the hypothenar eminence and the anterior aspect of the forearm is measured and scored as follows: (The greater the gestational age, the lesser the square window angle.)
 - 1 greater than 90 degrees
 - 0 90 degrees
 - 1 60 degrees
 - 2 45 degrees
 - 3 30 degrees
 - 4 0 degrees

SUBJECT: ADMINISTRATION OF CARBOPROST TROMETHAMINE (HEMABATE) - PROSTIN 15M FOR POSTPARTUM HEMORRHAGE PROTOCOL	REFERENCE #2104
	PAGE: 1
DEPARTMENT: LABOR AND DELIVERY	OF: 2
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

A Registered Nurse is responsible for managing the patient receiving prostin 15M therapy.

GENERAL INSTRUCTIONS:

Hemabate may be used for patients who are hemorrhaging secondary to uterine atony and who have not responded to conventional treatment with oxytocin and/or methylergonovine.

CONTRAINDICATIONS:

- Hypersensitivity to prostaglandin
- Patient with known asthma

PROCEDURE:

- Obtain physician order for prostin 15M.
- Implement prostin 15M protocol.
- Identify patient using two (2) patient identifiers.
- Obtain and record vital signs (temperature, pulse, respirations, blood pressure) every one (1) hour.
- Inject 0.25 m carboprost tromethamine IM. Only physician may give intramyometrially, intracervically or transabdominally.
- Assess bleeding every 15 minutes and give repeat doses at intervals of 15-90 minutes until bleeding stops.
- Monitor hemoglobin and hematocrit levels until stable.
- Assure any prostin 15M is replaced immediately by Pharmacy. At least four (4) amps shall be available in the department medication refrigerator at any given time.

SUBJECT: PLACEMENT OF A FETAL SCALP ELECTRODE BY A REGISTERED NURSE	REFERENCE #2129
	PAGE: 1 OF: 3
DEPARTMENT: LABOR AND DELIVERY	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

To provide criteria for a registered nurse to insert a fetal scalp electrode.

POLICY:

A Registered Nurse may place a fetal scalp electrode transvaginally to the fetal scalp during labor after meeting the qualifications listed below.

LEVEL OF RESPONSIBILITY:

- Registered Nurse
- Physician

QUALIFICATIONS:

- A fetal scalp electrode may be performed by a Registered Nurse who meets the following criteria:
 - The Registered Nurse must be employed by _____ Hospital, performing duties as a Labor and Delivery nurse on a regular basis.
 - The Registered Nurse must have reviewed this procedure on the insertion of a fetal scalp electrode and be able to explain the procedure to either a physician or another Registered Nurse qualified to insert a fetal scalp electrode to a fetus.
 - The Registered Nurse will observe the insertion of a fetal scalp electrode and receive didactic instructions by either a physician or another Registered Nurse already qualified to insert a fetal scalp electrode to a fetus.
 - The Registered Nurse must be observed a minimum of three (3) times inserting a fetal scalp electrode by either a physician or another Registered Nurse already qualified to insert a fetal scalp electrode to a fetus.

METHOD OF EVALUATION:

Either a physician or a Registered Nurse will observe the nurse perform the procedure in their presence for a minimum of three (3) times. The observer may sign-off the nurse as competent in the procedure after the third demonstration, or recommend additional observations.

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Labor and Delivery RN
 Prepared by: _____
 Date: _____

Supervised by: Charge Nurse, Nurse Manager
 Approved by: _____
 Date: _____

Job Summary: Provides direct patient care in the Labor and Delivery setting. Provides assessment and planning for individualized patient care. Communicates with physicians about changes in patient's clinical condition including: fetal monitoring and results of diagnostic studies. Responds quickly and accurately to changes in condition or response to treatment. Performs general nursing duties in all Maternal Child Health departments with adequate supervision. Participates in performance improvement activities.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance 2 = Expected Performance 1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Able to assess neonate at delivery and perform neonatal resuscitation according to AHA/AAP guidelines.	3	2	1
Knowledge of medications and their correct administration based on age of the patient and their clinical condition.	3	2	1
Follows the six (6) medication rights and reduces the potential for medication errors.	3	2	1
Ability to assess neonate at delivery and perform neonatal resuscitation.	3	2	1
Ability to perform a head-to-toe assessment on infants and adult females and reassessments as per policy.	3	2	1
Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.	3	2	1
Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.	3	2	1
Ability to formulate an individualized plan of care, revise plan as indicated by the patient's response to treatment and evaluate overall plan daily for effectiveness.	3	2	1
Demonstrates knowledge of fetal monitoring. Identifies FHR patterns and treats appropriately.	3	2	1
Communicates appropriately and clearly to charge nurse, coworkers and physicians.	3	2	1
Consults other departments as appropriate to provide for an interdisciplinary approach to the patient's needs.	3	2	1
Ability to assess presenting part and cardiac activity with ultrasound.	3	2	1
Coordinates and supervises patient care, as necessary.	3	2	1
Demonstrates an ability to assist physicians with procedures in Labor and Delivery, Postpartum and Newborn Nursery.	3	2	1
Demonstrates an ability to be flexible, organized and function under stressful situations.	3	2	1
Treats patients and their families with respect and dignity. Identifies and addresses psychosocial, cultural, ethnic and religious/spiritual needs of patients and their families.	3	2	1