**ORDERS**

**OB - INDUCTION OF LABOR**

Preadmission / Admission  
To be used with OB Labor & Delivery Orders

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthdate:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Provider:</td>
<td>EDC:</td>
</tr>
<tr>
<td>Indication:</td>
<td></td>
</tr>
<tr>
<td>Allergies:</td>
<td></td>
</tr>
</tbody>
</table>

Induction is scheduled for ________am/pm on __________________ (Date).

** Patient to check in at Labor & Delivery Reception Area.

** Note: It is possible activity in Labor & Delivery may result in a delay in the induction and a need to adjust schedule.

To schedule call: 381-1811 (SLBoise); 706-3160 (SMLMeridian). Fax order to L&D: 381-3452 SLBoise; 706-3185 (SMLMeridian).

<table>
<thead>
<tr>
<th>Gestational Age:</th>
<th>based on</th>
<th>LMP</th>
<th>1st Trimester U/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal Presentation:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pelvic Exam:***

<table>
<thead>
<tr>
<th>Score:</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilation:</td>
<td>0cm</td>
<td>1-2cm</td>
<td>3-4cm</td>
<td>&gt;4cm</td>
</tr>
<tr>
<td>Effacement:</td>
<td>0-30%</td>
<td>40-50%</td>
<td>60-70%</td>
<td>&gt;70%</td>
</tr>
<tr>
<td>Station:</td>
<td>-3</td>
<td>-2</td>
<td>-1,0</td>
<td>1+ or lower</td>
</tr>
<tr>
<td>Cervical Position:</td>
<td>posterior</td>
<td>intermediate</td>
<td>anterior</td>
<td>-</td>
</tr>
<tr>
<td>Cervical Consistency:</td>
<td>firm</td>
<td>intermediate</td>
<td>soft</td>
<td>-</td>
</tr>
</tbody>
</table>

**Clinical Pelvimetry:**

- Indications, risks & benefits of induction discussed with and approved by patient. Patient consents to induction of labor.

**PROVIDER ORDERS**

- **AROM**
- **Cervical Foley Catheter at bedside for placement by MD**
- **Misoprostol (Cytotec) – Dose: **
  - 25 micrograms
  - 50 micrograms
  - po
  - sublingual/buccal
  - per vagina ____________ (frequency)
- **Dinoprostone (Prepidil gel 0.5 mg) single dose applicator to cervix by provider.**
- **Cervidil (10 mg vaginal insert) single dose to be placed by provider.**

Implement / Continue IV Protocol as needed

**Oxytocin (Pitocin) IV Infusion (as below):**

- Administration: **See Oxytocin (Pitocin) Protocol Orders**

**PROVIDER SIGNATURE:**
Patient Name: ________________________________ Birthdate: __________________

**ORDERS**

**OB - INDUCTION OF LABOR**
Preadmission / Admission

### Diet:
- Clear Liquids
- Diabetic Clear Liquids
- General Diet with modifications
- Other: _______________________________________
- Other: ________________

#### I&O

#### Antibiotic:
- Penicillin 5 million units IV load, then 3 million units IVPB every 4 hours until delivery.
- Ampicillin 2 gm IV q 4 hours until delivery
- Cefazolin (Ancef) 2gm IV, then 1gm IV every 8 hours until delivery
- Clindamycin Phosphate (Clindamycin) 900 mg IV and continue every 8 hours until delivery.
- Other: _______________________________________

**GBS status: __________________ (positive/negative)**

#### Pain:
- Discuss with MD at time of admission
- Fentanyl _____ mcg slow IV q 1 hour prn severe pain (Suggested range: 50 – 100 mcg)
- Butorphanol Tartrate (Stadol) 1-2 mg slow IV q 1 hour prn moderate - severe pain
- Nalbuphine Hydrochloride (Nubain) _____ mg slow IV q 2 hours prn moderate pain (Suggested range: 5-10mg)
- Acetaminophen (Tylenol) 325 mg 1-2 PO q 6 hours prn mild pain (not to exceed 4000 mg in 24 hrs)
- Epidural prn – may have epidural per Anesthesia orders
- Other: _______________________________________

#### Nausea:
- Ondansetron (Zofran) 4 mg IV q 4 hours prn
  If not effective, discontinue and see order below.
- Promethazine Hydrochloride (Phenergan) 6.25 to 12.5 mg IV q 6 hours prn nausea (or to potentiate narcotic)

#### Labs:
- Urine for OB Hold
- CBC & Clot and hold
- Chem 12
- uric acid
- Urine C & S
- UA
- Other: _______________________________________

**Assess for Hemorrhage Risk** and order accordingly per protocol:
- Type & Screen
- Type and crossmatch ____ units PRBC

**PROVIDER SIGNATURE:** ________________________________ **DATE:** ____________ **TIME:** ____________