

Name: Jones, Alice Outpatient	Triage
DOB: 12-15-XXXX	24 y/o F
OP- MR# 53782196	
Dr. Baby Delivery	

Situation	Reported Concern: Patient arrives to OB Triage Pregnancy at 38 5/7 weeks reporting early labor
Background	<p>Allergy: Penicillin Code status: Full</p> <p>Pertinent Medical History: 24 y/o, G 2 P 1 L1, EDC 3/27/XX, 1st pregnancy, 9 lb. 8 oz male infant under epidural anesthesia</p> <p>History of Asthma controlled with medications</p> <p>Diagnosis Pregnancy at 39 weeks</p> <ul style="list-style-type: none"> • Prenatal care began at 10 weeks • Denies any complication with this pregnancy • Last prenatal visit she reports she was 3cm, 75%, and the baby was high <p>Home Medications: Prenatal vitamins, Singular, Advair MDI, Proventil MDI</p> <p>Pertinent <i>RECENT</i> History: Patient reports she has been contracting every 10 minutes for the last hour</p>
Assessment	Pending: L&D Triage nurses assessment and evaluation
Recommendation	<p>Enter room; prioritize care according to subjective and objective data</p> <ul style="list-style-type: none"> • Implement and maintain universal competencies. • Perform obstetrical nursing assessments. • Prioritize and implement nursing interventions. • Provide patient teaching related to assessments, and interventions.

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OB Outpatient Triage Protocol Orders

Allergies: Morphine

1. Observe patient in OB Triage assessment center
2. Vital signs hourly
3. Apply Fetal Heart Monitor upon arrival if gestational appropriate otherwise FHT with Doptone
4. Non-Reassuring Fetal Heart Rate Patterns:
 - a. Change maternal position.
 - b. Administer a 500 ml LR bolus.
 - c. Oxygen @ 10L/min via non-rebreathing mask.
 - d. Notify physician of FHR pattern, interventions, and response
5. Evaluate patient based of the reported concern
6. Notify provider of assessment for further orders

Physician Signature: **Baby Delivery, MD**

Date & Time: Today @

0600