Plan:

Assess room for equipment
Assess monitor
Baby:
- Baseline should be 110-160 bpm
  - Previously: 150
  - Current: _____
- Variability with at least 2 accelerations
  - Previous:
  - Current: _____

Mom:
- Check contraction #
  - Previous: Q 2-3 min Lasting 70-80 s
  - Current: Q _____ Lasting _____
  - Dr. wants 7 contractions in 15 min
- Check vitals

Previous:	Current:
Temp 98.6	_____
HR 84	_____
RR 18	_____
BP 136/84	_____
O2 Sat/RA 98%	_____

- Check for pain
  - Current: _____/10
- Check for nausea:
- Vaginal exam (dilation in cm; effacement in %)
  - Previous: 5-6 cm Current: _____
  - Dilation: 90% Current: _____
- Check IV primary fluid (LR 1000 ml at 125 ml/hr) with 18 g
  - Secondary (Oxytocin was at 6 ml/hr at handoff)
  - Site Observation: _____

Then:

Pain meds if greater than 4/10 (Meperidine 25 mg IVP over 5 min)
Desired = 25 mg
Vial = have = _____ mg
ml

D x V = _____ ml to draw from vial
H

Nausea = Promethazine
Promethazine = 25 mg desired
Vial = have = _____ mg
Ml

D x v = _____ ml to draw from vial
H

Mix with 20 ml NS

Increase oxytocin 1 ml/hr til 7 contractions in 15 min

If non reassuring fetal heart rate patterns:

Change maternal position
Administer 500 ml LR
Chanel select: Primary
Rate 999 ml/hr
VTBI: 500 ML
Start
D/C Oxytocin
O2 10 L/min via non-rebreather
Terbutaline 0.25 mg (0.25 ml) SQ for tachysystole or non-reassuring fetal heart rate

Notify physician of FHr pattern, interventions, and response

Once stabilized, return rate to 125 ml/hr