northern health
the northern way of caring

Regional Order Set

Intrapartum Admission Orders

Last Name:
First Name (Preferred Name):
Encounter number: NH Number: Chart Created: Y/N
Date of Birth: Gender: Age: Encounter Type:
Responsibility for Payment: PHN:
Primary Care Physician/Attending Physician:
PATIENT LABEL

Allergies: ☐ None Known ☐ Unable to Obtain
List with Reactions: _____

Weight: _____ kg
Height: _____ cm

1. Notify primary care provider, as per site specific call schedule

2. Syphilis screening at admission (Interim PSBC Guidance)
   - Utilize the BC Centre for Disease Control's Serology Requisition - check Perinatal Syphilis (greater than 35 weeks/at delivery)

3. Start group B streptococcal (GBS) disease prophylaxis at time of ruptured membranes or at the onset of labour if:
   - Group B Streptococcal positive culture within 5 weeks of onset of labour
   - GBS positive culture at any time during this pregnancy (urine, vaginal or rectal)
   - Previous infant with invasive GBS disease
   - Unknown GBS culture status **and**
     - less than 37 weeks 0 days in active labour

     or
     - ruptured membranes for 18 or more hours

     or
     - intrapartum temperature of 38°C or more

   ☐ **penicillin G** 5 million units IV x 1 dose, followed by 2.5 million units IV q4h until birth

   If **penicillin** allergy (low risk of anaphylaxis):
   ☐ **ceFAZolin** 2 g IV x 1 dose, then 1 g IV q8h until birth

   If **penicillin** allergy (life threatening allergic reaction):
   ☐ **clindamycin** 900 mg IV q8h until birth (if shows sensitivity)
   or
   ☐ **vancomycin** 15 mg/kg = _____ mg (maximum 2000 mg) IV q12h until birth (if no sensitivity testing or GBS resistant to **clindamycin**)

   Note: **chorioamnionitis** antibiotic treatment may be indicated

4. Diet as tolerated, encourage fluids. Or _____

5. Activity as tolerated. Or _____

6. **nitrous oxide** in oxygen (Nitronox or equivalent) self-administered by patient with RN supervision

7. If patient is high risk for caesarean section birth (e.g. trial of labour after previous cesarean section):
   ☐ Initiate IV NS lock
   ☐ IV _____ at _____ mL/h
   ☐ Blood group and screen
   ☐ Cross match _____ units PRBC's
   ☐ Clear fluids or _____

8. **oxytocin** 10 international units IM x 1 dose, after delivery of the posterior shoulder
   (Refer to **Safe Handling of Oxytocin** (found on OurNH → Medications → Process) and **1-1-2-190 Induction and Augmentation of Labour: Oxytocin**)

Prescriber signature:_____ **College ID:**_____ **Date:** _____ **Time:**_____

10-111-5325 (IND - RDP/VPM - Rev. - 07/21) **Review by December 31, 2024**

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Nursing considerations

- Follow **BC Perinatal Triage and Assessment Record (PSBC 1590)** and **MORE OB Content**
- Provide continuous RN labour support. Encourage measures such as mobilization, massage, hydrotherapy
  * Refer to PSBC Core Competencies for Management of Labour (DST No. 5 - Discomfort and Pain in Labour)

• Notify primary care provider if:
- Abnormal maternal vital signs or contraction pattern
- Request for analgesia (Refer to **10-111-5324 Administration of Fentanyl in Labour**) **nitrous oxide** excluded
- Imminent birth, urge to push, full dilation
- Labour dystocia, defined in first stage as greater than or equal to 4 hours of 0.5 cm/hour dilation or no dilation over 2 hours
- Any other concerns

Maternal vital signs in first and second stage:
- Blood pressure q4h and PRN, or _____
- Heart rate (HR) q1h and PRN in active 1st and passive 2nd stage (compare to fetal HR)
- HR q15 to 30 min in active 2nd stage (compare to fetal HR)
- Temperature q4h, if ruptured membranes or febrile q1h
- Respiratory rate/SpO_2 q1 to 4h and PRN

  ** compare the maternal HR (MHR) in relation to the fetal HR (FHR) when determining baseline or anytime there is uncertainty about FHR and MHR.

Vaginal exam:
- On admission if no history of rupture of membranes (ROM) or ROM with contractions
- q2 to 4 hours PRN
- Consult primary care provider prior to exam if less than 37 weeks and 0 days (in urgent situations the vaginal exam is up to RN discretion)

Urine dip stick for protein, glucose, and ketones on admission and then PRN. Or _____.
- Use Urisys machine as available on unit
- Use lab during lab hours as appropriate
- If Ketonuria present, encourage oral fluids/food. If unable to tolerate fluids or NPO, start an IV of _____ mL/h.

Fetal health surveillance (follow MOREOB Fetal Well-Being 19th Edition (Sept 2020))

☐ Intermittent auscultation immediately after contraction for a full minute if no risk factors present. Risk factors: assess, classify, and document:
- Active first stage q15 to 30 min and PRN
- Passive second stage before onset of pushing q15min
- Active second stage q5min or after each contraction

☐ Continuous electronic fetal monitoring if risk factors present or abnormal classification of intermittent auscultation. Assess, classify, and document:
- Active first stage q15min
- Passive second stage before onset of pushing q15min
- Active second stage q15 minutes if tracing interpretable and caregiver continuously present (MoreOB update Sept. 2020) or after each contraction

- If atypical or abnormal FHR, notify primary care provider immediately and provide intrauterine resuscitation measures (positioning for optimal fetal oxygenation, IV bolus of 250 mL 0.9% NS over 10 minutes, discontinue **oxytocin**, perform vaginal exam, check maternal vital signs and give O_2 if SpO_2 is less than 95%)
- Certified RNs may apply internal fetal scalp electrode at own discretion if membranes have ruptured while primary care provider is being summoned in emergent situations or if fetal heart rate atypical or abnormal