



SIERRA VIEW DISTRICT HOSPITAL

BEST PRACTICES

#1 BEST PRACTICE

**CATEGORY
DOCUMENTATION**

Membranes Intact Ruptured SROM AROM		Medication allergy/sensitivity <input type="checkbox"/> None		Page ____ of ____													
Bulging Date ___/___/___ Time																	
Current Date		TIME →															
VITAL SIGNS	Temperature																
	Pulse																
	Respirations																
	Blood Pressure																
	O2 SATS																
	Blood sugar																
FETAL ASSESSMENT	Deep tendon reflexes (L/R)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	Urine (protein/sugar)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	Headache																
	Visual Changes																
	Epigastric Pain																
	Category																
UTERINE ACTIVITY	Monitor Mode																
	Frequency																
	Duration																
	Peak IUP																
	Resting Tone																
	Intensity																
	MVUs																
	Patient rated intensity																
INTAKE/OUTPUT	IV																
	PO																
	Urine																
	Emesis																
MEDICATION	Pitocin mU/min																
	Magnesium Sulfate-IV-GM/Hour																
	Stadol																
INTERVENTION	Treatments																
	Teaching/support																
	Position/activity																
	O2 Mask																
INITIALS																	

MEMBRANES I=Intact B=Bulging R=Ruptured FLUID C=Clear M=Meconium Stained B=Bloody F=Foul Odor N=No foul odor	<p>0 1-2 3-4 5-6 7-8 9-10</p> <p>MILD MODERATE SEVERE</p> <p>PAIN: PATIENT RATES THE PAIN 0-10</p>	DEEP TENDON REFLEXES 0= No response +1= Sluggish +2= Normal +3= Hyperactive +4= Brisk + Hyperactive C= Clonus	TREATMENTS O2= O2L/min IVB= IV Bolus SC= Straight Catheterization FC= Foley Catheterization ABD= Abdominal hair removal	POSITION/ACTIVITY W= Walking K= Kneeling C= Chair LS= Left Side SQ= Squatting RS= Right Side SH= Shower KC= Knee chest T= Trendelenburg	TEACHING/ SUPPORT O= Orient to unit SR= Safety review LR= Labor review F= Focusing BRT= Breathing/Relaxation Techniques PrO= PreOp.
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#2 BEST PRACTICE

**COLLABORATIVE
STRIP
REVIEW**

FETAL MONITORING STRIP REVIEW REPORT

2nd Quarter, 2010 - 5/21/2010- Case 1

TOPIC: Fetal monitor strip review. The strip was reviewed for the following criteria as bolded below.

- 1. Apgar < 7 @ 5 minutes**
2. Term infant with admission to NICU from NBN
3. Prolonged Instrument Delivery
4. Inductions less < 39 weeks gestation
5. Shoulder dystocia with transfer to NICU
6. C/S for non-reassuring fetal status
7. C/S for obstetrical emergency

DATA INTEGRITY: The report was generated after Chart and Strip review

CASE SUMMARY

This case involved a 36-year-old gravida 13, para 6, Ab 6, at 40 + 2 days weeks gestation admitted on 4/17/10 @ 1100 for Induction of labor. VE FT/th/-3 and membranes intact. Category I strip with positive accelerations and moderate variability and no decelerations noted. 4/18/10 @ 0008- SROM clear fluid and VE 2/60-70/-3 and 4th dose of Cytotec given. 0140- FSE applied for better tracing and O2 @ 10L/mask and VE 3/70/-1.

0230- Strip review started. FHR 120. Category 1 strip documented with moderate variability and no decelerations and positive accelerations.

0300- FHR 125. Category I with moderate variability and positive accelerations and no decelerations. VE 5-6/90/-1. Requesting Epidural

0330- Epidural complete and bolus given. VE 9/C/-1. Category II and moderate variability, positive accelerations and variable decelerations.

0400- MD @ bedside. VE Complete, pushing ineffective. Pt. to labor down. Category II with moderate variability, positive accelerations and variable decelerations noted.

0430- Pushing. Category II, moderate variability, no accelerations and variable decelerations.

0456- Viable male delivered by Vaginal delivery with vaccum assist. Apgars 6,7,8

STRIP REVIEW FINDINGS:

- Category I documented, found to be Category II due to late decelerations.
- Category II documented but there was no mention of accelerations or late decelerations.
- No documentation noted for the last 30 minutes of the strip which was Category III with no accelerations, variable and late decelerations and prolonged decelerations.
- It was agreed in the strip review with the MD's and Nurses that the nurse did not always accurately document Categories, variability and decelerations.

ACTIONS

- Report findings to OBGYN committee meeting for analysis and further recommendations.