

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
OBSTETRICAL ENCOUNTER

MSRM 140117.01.55
(4/13)

Subjective Data:

Allergies: _____

Description of Emergency: _____

Time of Notification: _____ Notified By: _____ Time of Arrival: _____

Current medication(s): _____

Currently being treated for: _____

OB History: G: _____ P: _____ Date of LMP: _____ EDD: _____

Previous C section: Yes No Previous complications: Yes No If "Yes" describe: _____

Do your contractions increase in frequency, duration and intensity? Yes No Comment: _____

Are you having contractions that stop with change in position? Yes No Comment: _____

Is your pain relieved by walking? Yes No Comment: _____

Are you experiencing low dull back pain that may be occasional or persistent? Yes No Comment: _____

Are you experiencing bowel cramping-diarrhea? Yes No Comment: _____

Are you experiencing change in color or consistency of vaginal discharge or vaginal bleeding? Yes No Comment: _____

Are you experiencing any leakage of fluids from the vagina? Yes No Comment: _____

Are you experiencing menstrual like cramping that feels low in the abdomen? Yes No Comment: _____

Are you experiencing pelvic pressure-feeling like the baby is pushing down? Yes No Comment: _____

Are you experiencing uterine contractions every 10 minutes or more with or without pain? Yes No Comment: _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O2 sats. _____ FSBS _____

Contraction: Mild Moderate Strong Frequency: _____ minutes Duration: _____ seconds

FHT: _____ Fetal Movement: + - Edema: Yes No If "Yes" location/description: _____

Urine Dipstick: Glucose: + - Protein: + - Ketones: + -

NOTIFY MEDICAL PROVIDER/RN FOR ALL LABORS. If preterm labor or SROM is suspect DO NOT perform digital vaginal examination.

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

Offender is in preterm labor (preterm labor is any labor that occurs between 20 weeks and 37 weeks of pregnancy)

Bloody show more than 2 tablespoons or bright red in color FHT's abnormal SROM Suspect preterm labor

Maternal fever greater than 100.4o F (38o C)

Medical Provider/RN Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Emergency department/EMS notification time: _____ **Transport Time:** _____

UMC MUST BE NOTIFIED OF TRANSPORT: Notification Time: _____ **Name of person notified:** _____

Assessment:

Alterations in comfort: abdominal/ lumbar pain related to progress of labor and/or delivery

Plan:

Nursing Intervention Routine: (check only those that apply)

Maintain safe, effective care environment

Monitor maternal VS - q1h or as indicated

Monitor FHT's

Monitor uterine contractions: frequency, duration and strength

Instruct to lie on left side

Instruct frequent bladder empty

Obtain mid-stream urine for dipstick UA

Instruct on breathing and relaxation exercises

Lay- in if indicated

Assist with frequent maternal position changes

Progress Note: _____

Education: Instructed on position changes, hydration, and frequent bladder emptying, breathing and relaxation exercises. Offender verbalizes understanding of instructions.

LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

RN/Provider Signature/credentials: _____ **Date:** _____ **Time:** _____

Offender Name
(Last, First)

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