

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
OBSTETRICAL ENCOUNTER

MSRM 140117.01.55  
(12/15)

**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 intensify?  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:  +  -

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required)

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

**NOTIFY MEDICAL PROVIDER 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 Notified:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**Emergency department/EMS notification time:** \_\_\_\_\_ **Transport Time:** \_\_\_\_\_

**OU MC 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 all that apply)

- Check in assessment only for medical providers visit.
- Monitor uterine contractions: frequency, duration and strength
- Maintain safe, effective care environment
- Monitor FHT's
- Monitor maternal VS - q1h or as indicated
- Obtain mid-stream urine for dipstick UA
- Assist with frequent maternal position changes
- Lay- in if indicated
- Education/Intervention: Instructed on position changes, lie on left side, hydration, and frequent bladder emptying, breathing and relaxation exercises. Offender verbalizes understanding of instructions.

**Progress Note:** \_\_\_\_\_

**Medical Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**QHCP Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

DOC #