

**LABOR AND DELIVERY
STANDBY INDUCTION SCHEDULING**

Desired Induction Date: _____ Obstetrician: _____

Standby Inductions will not be called in without scheduling form.

Patients Name: _____ Phone: _____

Age: _____ Gravida: _____ Para: _____ EDC: _____ GA: _____ wks GBS: _____

Type of Induction: _____ Cytotec _____ Pitocin _____ Cervidil

Indications:

_____ Favorable Cervix: _____ cms _____ % effacement

***Circle all that apply below:**

Cervix	Score				Bishop Score Modifiers
	0	1	2	3	
Position	Posterior	Mid-position	Anterior		***Add 1 point for each previous vaginal delivery***
Consistency	Firm	Medium	Soft		
Effacement	0 - 30%	40 - 50%	60 - 70%	>80%	
Dilation	Closed	1 - 2 cm	3 - 4 cm	>5 cm	
Station	-3	-2	-1, 0	+1, +2	

Per policy, a Bishop score of 6 or greater required for elective induction.

TOTAL BISHOP SCORE: _____ Date: _____

Induction order sheet must be sent with this form. Please send prenats if not already in Sovera.

Physician Signature: _____ Date: _____ Time: _____

Scheduled by: (Nurse Only) _____ Date: _____ Time: _____

FORM AND ORDERS MUST BE FAXED AT TIME OF SCHEDULING



Baptist Hospital of Miami

BAPTIST HEALTH SOUTH FLORIDA

LABOR AND DELIVERY MEDICAL INDUCTION SCHEDULING

Induction Date: _____ Obstetrician: _____

Patients Name: _____ Phone: _____

Age: _____ Gravida: _____ Para: _____ EDC: _____ GA: _____ wks GBS: _____

Type of Induction: _____ Cytotec _____ Pitocin _____ Cervidil _____ Foley Balloon

*Induction cannot be started if scheduling form not received.

Medical Indications:

- Oligohydramnios (Ultrasound Report must be provided)
- Maternal Compromise (HTN, PIH, DBM uncontrolled, etc.)
- Diabetes (on insulin)
- Very Advanced Maternal Age (patient >40 y/o)
- VBAC
- Patient residence in Palm Beach or Monroe County (only 1/day)
- Indication for induction prior to 39 (circle all that apply from Joint Commission criteria below):
- IUGR (Ultrasound Report must be provided)
- Postdates (AT LEAST 41 weeks, provide prenatal record)
- Diabetes at Term
- Fetal Demise

Obstetric and Medical Indications (OK if less than 39 weeks)

Abruption Placenta Preeclampsia Gestational HTN GDM with insulin Fetal malformation Fetal Demise current or prior) Heart disease Antepartum Hemorrhage Unstable Lie	Oligohydramnios Polyhydramnios IUGR Non-reassuring fetal status Isoimmunization PROM Twins with complications Twins without complications OK if greater than or equal to 38 weeks Infection of Amniotic Cavity	Liver disease (e.g. cholestasis) Chronic HTN Diabetes type I or II Renal disease Coagulopathy/Thrombophilia Pulmonary disease HIV infection Prior Classical C/S or Myomectomy or Prior Uterine Window or Rupture (needs FLM testing if less than 37 weeks) Other (delivery recommended by MFM)
---	---	--

BISHOP SCORE:

Cervix	Score				Bishop Score Modifiers
	0	1	2	3	
Position	Posterior	Mid-position	Anterior		***Add 1 point for each previous vaginal delivery***
Consistency	Firm	Medium	Soft		
Effacement	0 - 30%	40 - 50%	60 - 70%	>80%	
Dilation	Closed	1 - 2 cm	3 - 4 cm	>5 cm	
Station	-3	-2	-1, 0	+1, +2	

TOTAL BISHOP SCORE: _____ Date: _____

Induction order sheet must be sent with this form. Please send prenatal if not already in Sovera.

Physician Signature: _____ Date: _____ Time: _____

Scheduled by: (Nurse Only) _____ Date: _____ Time: _____

FORM AND ORDERS MUST BE FAXED AT TIME OF SCHEDULING