

LABOR AND DELIVERY STANDBY INDUCTION SCHEDULING

Desired Induction Date:				Obstetrician:					
	Standb	y Induction	ns will not	be called in	n wit	hout schedulir	ng form.		
Patients Name	9:					Phone:			
Age: Gravida:			ara:	_ EDC:		GA:wks GBS:			
	Type o	of Induction	:C	ytotec	P	itocin(Cervidil		
Indications:									
Favorak			ms	_% effacem	ent				
*Circle all that	apply bei	ow:		An entropy		Control Application of the Control o			
Cervix -	Town 17	Sc	ore			Bishop Score Modifiers			
	0	1	2	3		7			
Position	Posterior	Mid-position	Anterior						
Consistency	Firm	Medium	Soft			***Add 1 point for each previous vaginal delivery***			
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 Bish TOTAL BISHOP S ***Induct	SCORE:	Date:					already in Sovera,***		
Physician Signature:									
Scheduled by: (Nu	rse Only)					Date:	Time:		

FORM AND ORDERS MUST BE FAXED AT TIME OF SCHEDULING



BAPTIST HEALTH SOUTH FLORIDA

LABOR AND DELIVERY MEDICAL INDUCTION SCHEDULING

ions: nios (Ultra promise (F nsulin) d Maternal	*Induction cases sound Report mand ITN, PIH, DBM to Age (patient >4	Para:Cytotec annot be stanust be providuncontrolled,	EDC:Pitocin arted if schedu ded)IU0 etc.)PoDia	dling GR (U	GA: Cervidil form not receivable Iltrasound Repo es (AT LEAST 4) s at Term	wks GBS:Foley Balloon		
ions: nios (Ultra promise (F nsulin) d Maternal	*Induction cassound Report mand TN, PIH, DBM to Age (patient >4	Para:Cytoteccannot be stanust be proviouncontrolled, 40 y/o)	EDC:Pitocin Inted if schedu Ided) IU(etc.) Po Dia	GR (U	GA: Cervidil form not receivable Iltrasound Repo es (AT LEAST 4) s at Term	wks GBS:Foley Balloon ved. rt must be provided)		
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nios (Ultra promise (F nsulin) d Maternal	sound Report m ITN, PIH, DBM t Age (patient >4 n Beach or Mon	nust be providuncontrolled, 40 y/o) aroe County (ded) IU(etc.) Po Dia Fet	GR (U stdate	lltrasound Repo es (AT LEAST 4 s at Term	rt must be provided)		
nce in Palr	n Beach or Mon	roe County (tal De	mise			
			only 1/day)		7111100			
			oniv 1/dav)					
induction i	prior to 39 (circl	e all that ann		mmi	eeion oritorio ha	Now		
				,,,,,,,,,	SSION CITTERIA DE	now).		
Oligo Polyl IUGF Non- Isoim PRO Twin Twin OK if	hydramnios nydramnios reassuring fetal s nmunization W s with complication s without complication greater than or e	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)						
	Score					Bishop Score Modifiers		
0	1	2	3					
Posterior	Mid-position	Anterior						
Firm	Medium	Soft			*** ^ d	***Add 1 point for each		
0 - 30%	40 - 50%	60 - 70%	>80% >5 cm		previous vaginal delivery***			
Closed	1 – 2 cm	3 -4 cm						
-3	-2	-1, 0	+1, +2					
on order s	sheet must be	sent with th	is form. Pleas		Date:	Time:		
	Oligor Polyl IUGR Non-Ilsoim PROI Twin: Twin: OK if week Infection Posterior Posterior Firm 0 - 30% Closed -3 CORE: on order see Only)	Oligohydramnios Polyhydramnios IUGR Non-reassuring fetal s Isoimmunization PROM Twins with complicati Twins without complic OK if greater than or e weeks Infection of Amniotic of Firm Medium 0 - 30% 40 - 50% Closed 1 - 2 cm -3 -2 CORE: Date: on order sheet must be see Only)	induction prior to 39 (circle all that applical Indications (OK if less than 39 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 Score O 1 2 Posterior Mid-position Anterior Firm Medium Soft 0 - 30% 40 - 50% 60 - 70% Closed 1 - 2 cm 3 -4 cm -3 -2 -1, 0 CORE: Date: on order sheet must be sent with the see Only)	induction prior to 39 (circle all that apply from Joint Colical Indications (OK if less than 39 weeks) Oligohydramnios Polyhydramnios IUGR Non-reassuring fetal status Isoimmunization PROM Twins with complications OK if greater than or equal to 38 weeks Infection of Amniotic Cavity Score O 1 2 3 Posterior Mid-position Anterior Firm Medium Soft 0 - 30% 40 - 50% 60 - 70% >80% Closed 1 - 2 cm 3 - 4 cm >5 cm -3 -2 -1, 0 +1, +2 CORE:	Oligohydramnios Polyhydramnios IUGR Non-reassuring fetal status Isoimmunization PROM Twins with complications OK if greater than or equal to 38 weeks Infection of Amniotic Cavity Score O 1 2 3 Posterior Mid-position Anterior Firm Medium Soft 0 - 30% 40 - 50% 60 - 70% >80% Closed 1 - 2 cm 3 - 4 cm >5 cm -3 -2 -1, 0 +1, +2 CORE:	induction prior to 39 (circle all that apply from Joint Commission criteria beginned ical Indications (OK if less than 39 weeks) Oligohydramnios Polyhydramnios IUGR Non-reassuring fetal status Isoimmunization PROM Twins with complications OK if greater than or equal to 38 weeks Infection of Amniotic Cavity		