OB SS MISOPROSTOL INDUCTION
Induction-Misoprostol (Cytotec) Insertion for Induction/Cervical Ripening SS

NURSING
☑ Continuous external fetal monitoring (EFM) – Obtain reassuring fetal heart tone (FHT) tracing prior to insertion of Misoprostol. Monitor for 2 hours minimum immediately following insertion of Misoprostol.

NUTRITION
☑ OB Clear Liquids (May have clear liquids 1 hour post insertion of Misoprostol (Cytotec) if fetal monitoring tracing reassuring and not in active labor)

MEDICATIONS
Misoprostol Orders Evidence
☐ Misoprostol (Cytotec) 25 mCg vaginally Q 4 Hrs Prn to achieve and sustain adequate labor pattern. Insert into the posterior vaginal fornix as described in Misoprostol (Cytotec) Policy and Procedure. Maintain recumbent position for 30 mins post insertion of Misoprostol. Notify MD if unable to insert Misoprostol.

Oxytocin Orders **Physician to select ONE Regimen only**
REMININDER: Order Oxytocin (Pitocin) to start 4 Hrs after last insertion of Misoprostol (Cytotec).

Oxytocin Regimen # 1 (1 mU/min, titrate by 1 mU/min)
☐ Oxytocin (Pitocin) 10 units in LR 500 mL Prn if Misoprostol (Cytotec) ineffective. Start 4 Hrs after last insertion of Misoprostol. Start Oxytocin infusion at 1 mU/min = 3 mL/HR, then titrate in 1 mU/min increments Q 30 mins up to a max rate of 20 mU/min to obtain adequate contraction. Notify OB provider to obtain further orders if labor pattern remains inadequate at the max rate.

Oxytocin Regimen # 2 (1 mU/min, titrate by 2 mU/min)
☐ Oxytocin (Pitocin) 10 units in LR 500 mL Prn if Misoprostol (Cytotec) ineffective. Start 4 Hrs after last insertion of Misoprostol. Start Oxytocin infusion at 1 mU/min = 3 mL/HR, then titrate in 2 mU/min increments Q 30 mins up to a max rate of 20 mU/min to obtain adequate contraction. Notify OB provider to obtain further orders if labor pattern remains inadequate at the max rate.

Other Medications:
☐ Zolpidem (Ambien) 10 mg Po at bedtime x 1 dose Prn insomnia
☐ Acetaminophen (Tylenol) 650 mg Po Q 4 Hrs Prn mild pain (scale 1-3)
*Total acetaminophen not to exceed 4,000 mg/24 Hrs*

Other medications:____________________________________________________________________

REMINDERS
• Avoid elective induction of labor at < 39 weeks of gestation unless fetal lung maturity has been confirmed Evidence
• Consider intracervical balloon catheterization for cervical ripening or induction of labor Evidence
• For patients with a previous cesarean delivery or other major uterine surgery, do not use misoprostol in the third trimester Evidence