

OB SS CERVIDIL INDUCTION

Induction-Dinoprostone (Cervidil) Insertion for Cervical Ripening SS

NURSING

- Continuous external fetal monitoring (EFM) – Obtain reassuring fetal heart tone (FHT) tracing prior to insertion of Dinoprostone. Monitor for 2 hours minimum immediately following insertion of Dinoprostone.
- Sterile vaginal exam for patients \geq 35 weeks
- Insert 16 or 18 gauge saline lock IV

NUTRITION

- OB Clear Liquid Diet (May have clear liquids 1 hour post insertion of Dinoprostone (Cervidil) if fetal monitoring tracing reassuring and not in active labor.)

IV FLUIDS

- Saline Flush Peripheral IV with 2 mL IV Push Q 8 Hrs and after each IV medication dose.

MEDICATIONS

Dinoprostone (Cervidil) Orders [Evidence](#)

REMINDER: Do not Order Dinoprostone (Cervidil) if Bishop score $>$ 3.

REMINDER: Consider misoprostol for cervical ripening or induction of labor.

- Dinoprostone (Cervidil) vaginal Tab, 10 mg vaginally x 1 dose. Insert transversely in the posterior fornix of the vagina. Maintain recumbent position for 2 Hrs post insertion of Dinoprostone. Remove Dinoprostone if 12 Hrs have passed since insertion, SROM occurs, non-reassuring tracing that is unresponsive to corrective measures, or if active labor occurs. Notify MD if unable to insert Dinoprostone.

Oxytocin Orders ****Physician to select ONE Regimen only****

REMINDER: Order Oxytocin (Pitocin) to start 30 mins after removal of Dinoprostone (Cervidil).

Oxytocin Regimen # 1 (1 mU/min, titrate by 1 mU/min)

- Oxytocin (Pitocin) 10 units in LR 500 mL Prn if Dinoprostone ineffective. Start 30 mins after Dinoprostone is removed. 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 Dinoprostone ineffective. Start 30 mins after Dinoprostone is removed. 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 or approved medical indications [Evidence](#)
- Consider intracervical balloon catheterization for cervical ripening or induction of labor [Evidence](#)