

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
OBSTETRICAL ENCOUNTER

MSRM 140117.01.7.5  
(R-4/19)

**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:  +  -

**CONTACT HEALTH CARE PROVIDER FOR ALL LABORS. If preterm labor or SROM is suspect DO NOT perform digital vaginal examination. Health care provider must be called if not on site or if after clinic hours.**

- Inmate 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)

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

**UUMC MUST BE NOTIFIED OF TRANSPORT:** Notification Time: \_\_\_\_\_ Name of person notified: \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_ **Time Notified:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

**Plan: Interventions:** (check all that apply)

- Check in assessment only for health care 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. Inmate verbalizes understanding of instructions.

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

**Health Care Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/LPN Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Inmate Name  
(Last, First)

DOC #