

FMC/HC-S/HFC-EL Induction Scheduling Worksheet
(to be completed prior to scheduling induction)

LMP: _____ EDC by LMP: _____ final EDC: _____
ultrasound at _____ weeks EDC by US: _____

CONFIRM TERM GESTATION using ACOG criteria (check one):

- 20 weeks of fetal heart tones w/fetoscope 30 weeks of fetal heart tones w/doppler
 36 weeks since +UPT (clinic lab)
 ultrasound 6-12 wk: gestational age 39 wks
 ultrasound 13-20 wk: gestational age 39 wks confirmed clinically
 needs amniocentesis to confirm term gestation if dates uncertain or no dating criteria available

INDICATION FOR INDUCTION (check one):

- Pregnancy induced HTN PROM Postdates
 Maternal condition (DM, renal disease, chronic pulmonary disease, chronic HTN)
 Fetal compromise (IUGR, isoimmunization)
other: _____

BISHOP SCORE: _____

- Cervical ripening needed if Bishop Score \leq 6 cytotec or cervidil (circle one)

SCHEDULING:

- Scheduled with L&D charge nurse by Physician (612) 873-4104
Induction scheduled for _____ (date)
Patient to report to L&D _____ (date and time)

- Physician scheduling the induction to notify FMS team of plan and write brief EPIC note including reason for inductions, gestational age (term) and Bishop Score.
- Clerk to fax this form to L&D (612) 904-4275; can discard form after patient delivered. Please give a copy of this form to the patient to take with her to L&D.
DO NOT FILE THIS FORM IN THE MEDICAL RECORD
- RN/Physician to instruct patient when to report to L&D

PHYSICIAN/NP MAKING PLANS FOR INDUCTION: _____ DATE: _____

FACULTY PHYSICIAN SIGNATURE: _____ DATE: _____