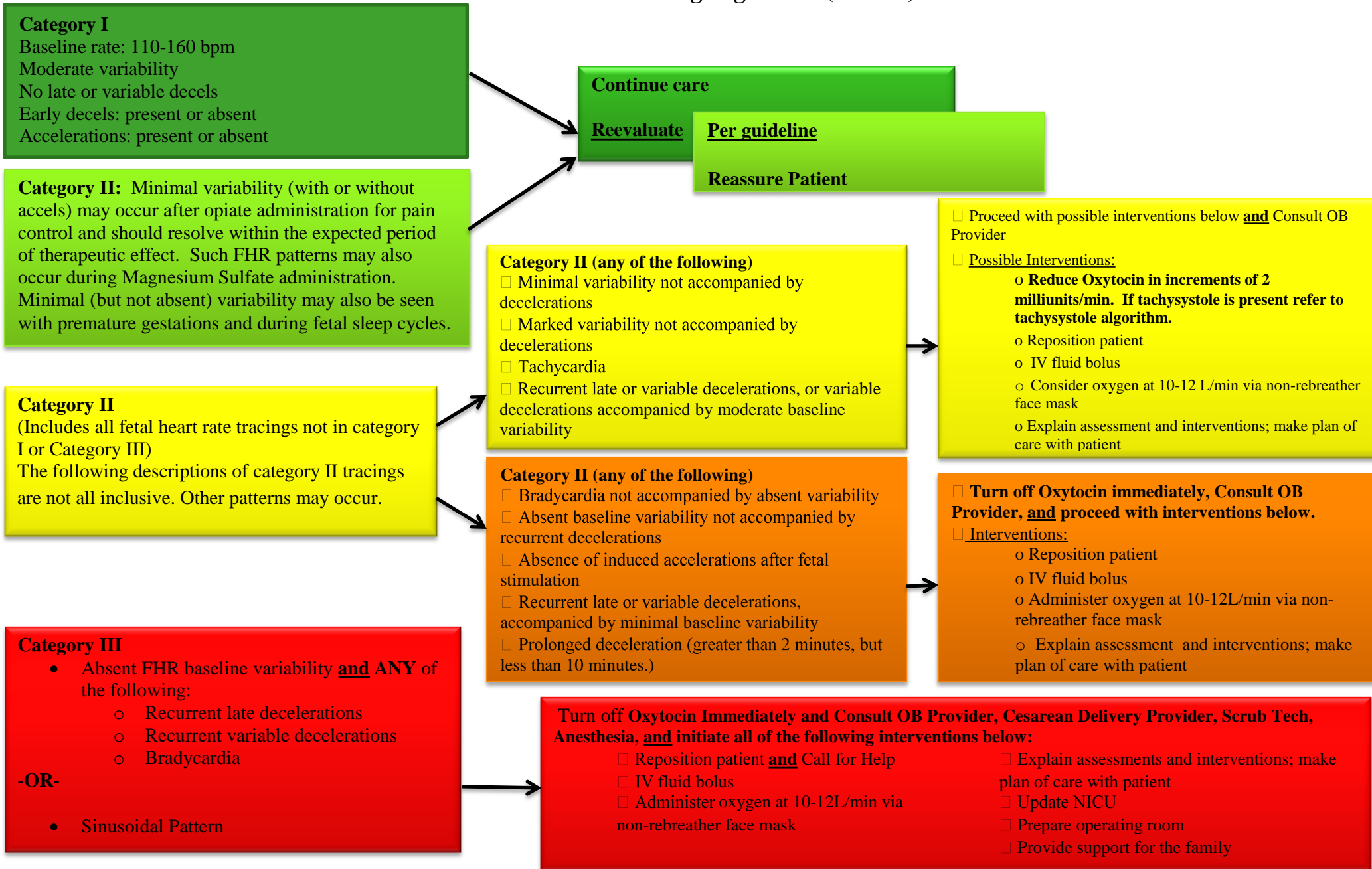




Fetal Heart Monitoring Algorithm (6.26.15)



Category I
 Baseline rate: 110-160 bpm
 Moderate variability
 No late or variable decels
 Early decels: present or absent
 Accelerations: present or absent

Category II: Minimal variability (with or without accels) may occur after opiate administration for pain control and should resolve within the expected period of therapeutic effect. Such FHR patterns may also occur during Magnesium Sulfate administration. Minimal (but not absent) variability may also be seen with premature gestations and during fetal sleep cycles.

Category II
 (Includes all fetal heart rate tracings not in category I or Category III)
 The following descriptions of category II tracings are not all inclusive. Other patterns may occur.

Category III

- Absent FHR baseline variability **and** ANY of the following:
 - Recurrent late decelerations
 - Recurrent variable decelerations
 - Bradycardia
- OR-
- Sinusoidal Pattern

Continue care

Reevaluate

Per guideline

Reassure Patient

Category II (any of the following)

- Minimal variability not accompanied by decelerations
- Marked variability not accompanied by decelerations
- Tachycardia
- Recurrent late or variable decelerations, or variable decelerations accompanied by moderate baseline variability

- Proceed with possible interventions below **and** Consult OB Provider
- Possible Interventions:
 - Reduce Oxytocin in increments of 2 milliuunits/min. If tachysystole is present refer to tachysystole algorithm.
 - Reposition patient
 - IV fluid bolus
 - Consider oxygen at 10-12 L/min via non-rebreather face mask
 - Explain assessment and interventions; make plan of care with patient

Category II (any of the following)

- Bradycardia not accompanied by absent variability
- Absent baseline variability not accompanied by recurrent decelerations
- Absence of induced accelerations after fetal stimulation
- Recurrent late or variable decelerations, accompanied by minimal baseline variability
- Prolonged deceleration (greater than 2 minutes, but less than 10 minutes.)

- Turn off Oxytocin immediately, Consult OB Provider, **and** proceed with interventions below.
- Interventions:
 - Reposition patient
 - IV fluid bolus
 - Administer oxygen at 10-12L/min via non-rebreather face mask
 - Explain assessment and interventions; make plan of care with patient

Turn off Oxytocin Immediately and Consult OB Provider, Cesarean Delivery Provider, Scrub Tech, Anesthesia, **and** initiate all of the following interventions below:

- Reposition patient **and** Call for Help
- IV fluid bolus
- Administer oxygen at 10-12L/min via non-rebreather face mask
- Explain assessments and interventions; make plan of care with patient
- Update NICU
- Prepare operating room
- Provide support for the family