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# LABOR INDUCTION or AUGMENTATION PHYSICIAN'S ORDER SHEET

**ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT  
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET  
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.**

PATIENT IDENTIFICATION	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	INDUCTION or AUGMENTATION OF LABOR	
			ALLERGIES:	
			DATE:	TIME: (Military Time)
			Cervix:	ROM: <input type="checkbox"/> Yes <input type="checkbox"/> No
			EFW:	Bedside Sono: <input type="checkbox"/> Yes
			Abdominal Scar:	<input type="checkbox"/> Yes <input type="checkbox"/> No
			EGA: <i>greater than 39 weeks</i>	<input type="checkbox"/> Yes
			IUPC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hyperstimulation: <input type="checkbox"/> No
			Reassuring Fetal Status:	<input type="checkbox"/> Yes

ALL MEDICATIONS	RATIONALE
1. <input type="checkbox"/> Pitocin _____ units in 1000 ml D5LR / LR to start at _____ units / ml and increase by _____ units / ml every _____ minutes until adequate contractions.	INDUCE / AUGMENT LABOR
2. <input type="checkbox"/> Cervidil 10 mg intravaginally per vagina.	INDUCE / AUGMENT LABOR
3. <input type="checkbox"/> Cytotec _____ micrograms PO / per vagina now and _____ micrograms PO / per vagina every _____ hours X _____ doses (maximum).	INDUCE / AUGMENT LABOR
4. <input type="checkbox"/> Other Medication(s) and Rationale(s): <i>list below</i>	

FAXED BY / TIME:	TIME NOTED:	Doctor's Signature _____, MD Date _____
		Nurse's Signature / Title _____

USE BALL POINT PEN ONLY - PRESS FIRMLY

**PART OF THE MEDICAL RECORD**