End goal is to improve fetal oxygenation and fetal outcomes

NOTATIONS
–continued from p. 12–

documentation that an intravenous line was started at an infusion rate greater than 500 mls/hour. Information regarding I.V. fluid administration may be found in the progress notes, intravenous record or on the fetal monitor tracing.

Maternal "oxygen therapy" refers to applying a tightly fitted oxygen mask with oxygen delivered at a flow rate of 8-10 liters/minute. In the medical record, oxygen is most commonly referred to as O2 and followed by a flow rate in litres per minute and a method of delivery such as "O2 at 10 L/min by mask".

Evidence of oxygen therapy may be documented in the progress notes, the labour partogram or on the fetal monitor tracing.

Discontinuation of uterine stimulating drugs such as Syntocinon, Pitocin, Prostin and Cervidil may be referred to in the medical record as "Synto", "Pit", "drip" or PE2 and are usually followed by a dosage and an action; such as "Pit decreased to 2mu/min".

Medical information regarding administration of uterine stimulating drugs may be found on the medication record, progress notes, labour partogram or fetal monitor tracing. Look for corresponding doctors' orders and some documented form of consent.

If the nonreassuring status of the FHR continues following institution of initial intrauterine resuscitation measures, additional medical interventions must follow including amnioinfusion, fetal pulse oximetry, fetal scalp blood sampling and expedited delivery of the baby by vacuum, forceps or Caesarean section.

Although the rationale behind each intervention may vary, the end treatment goal is the same: to improve fetal oxygenation and fetal outcomes. Intrauterine resuscitation measures are the same for all nonreassuring FHR patterns, can be performed simultaneously in a matter of minutes by either doctors or nurses and are considered the standard of care across Canada.

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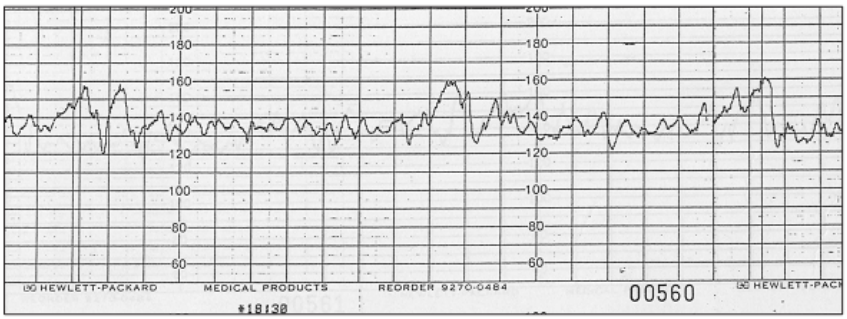

The fetal monitor tracing (above) can show documented evidence of position change, I.V. fluid administration, oxygen therapy and administration of uterine stimulating drugs. Photo courtesy of Chris Rokosh