**SARASOTA MEMORIAL HOSPITAL NURSING DEPARTMENT POLICY**

<table>
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<tr>
<th>TITLE: ADMISSION/DISCHARGE/TRANSFER CRITERIA: WOMEN’S SERVICES</th>
<th>POLICY #: 126.700 (Maternal)</th>
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<tr>
<td>EFFECTIVE DATE: 11/84</td>
<td>REVISED DATE: 9/17</td>
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<td>POLICY TYPE:</td>
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**Job Title of Reviewer:** Director, Women’s and Children’s Services

**PURPOSE:** To establish guidelines in re: Admission/Discharge/Transfer criteria within Women’s Services.

**POLICY STATEMENT:** Pregnant women with a verified pregnancy and those patients who are less than 6 weeks post-partum may be evaluated in OB ECC or OB Testing unless chief complaint is not pregnancy related. Non-pregnancy complaints may be evaluated in the Main ECC. If an OB Consult is indicated, the Obstetrical Consult can occur in the Main ECC.

Pregnant patients and patients up to 6 weeks post-partum who present to ECC or OB ECC or who is admitted to a department other than Women’s Services may receive collaborative care from both departments per provider discretion. Refer to Maternal Policy #126.779

**EXCEPTIONS:** OB patients requiring nursing care in another department will receive OB care in collaboration of all interdisciplinary team members including Attending Provider, OB Hospitalist, OB Consulting Provider, OB Communicator, and other team members specific to that department.

**DEFINITION(S):**

1. **Labor/Delivery/Recovery (LDR)**—A designated room where the entire birthing experience occurs.

2. **OB ECC**—A designated area where outpatients are evaluated and triaged for obstetric related emergency medical conditions.

3. **OB Testing or Observation Beds**—A designated area where outpatient testing and scheduled medical treatment are provided.

4. **Obstetrical Surgical Suites Operating Rooms** that are located within Labor and Delivery utilized for an operative delivery and/or OB procedures.

5. **Emergency Medical Condition**—A condition in a gravid patient or her fetus manifesting itself by acute symptoms of sufficient severity such that requires the
immediate attention by a physician.

5. EFM—Electronic Fetal Monitor

6. FHR—Fetal Heart Rate

7. Obstetrical Walk In patient—A gravid patient, who has either received NO prenatal care or who has been seen by provider/LM/CNM that does not have privileges at Sarasota Memorial Hospital.


12. QMP – Qualified Medical Personnel – Registered nurse who has met the requirements and experience to assess, evaluate and deliver appropriate care to the Obstetrical patient while maintaining communication with the provider.
PROCEDURE:

1. **OUTPATIENT OB TESTING**
   Patient whose placement status is OUTPATIENT/Recurrent Visit has a recurrent hospital visit number. Testing Unit will receive orders to schedule patient for Outpatient OB Testing. All patients are to be assessed by a RN upon arrival for scheduled appointment for testing. Abnormal findings found during Outpatient OB Testing are to be communicated by the RN to the provider promptly and reassessments are to be communicated as indicated by the patient’s condition. Normal findings indicate a discharge home. The testing result will be faxed on the day of testing to the OB provider’s office for review.

   A. OB Testing assessment may be performed on gravid women as ordered by the provider
   B. The provider is responsible for interpretation of the fetal monitor strip and diagnosis. Fetal monitoring strip will be reviewed by provider in a timely manner.
   C. Upon discharge, a copy of the discharge instructions will be signed by both nurse and patient. The patient, or if indicated, the responsible support person will indicate that the instructions were received. Patient will receive a copy.

2. **OB OBSERVATION**
   Patient status OBSERVATION. Patient who needs to be assessed as an outpatient as deemed necessary by the provider. Provider to notify Patient Flow. Orders for care can be faxed.

3. **OB ECC**
   Patient who present unscheduled with a medical or Obstetric complaint. RN will conduct a basic screening assessment on all patients. The results of the assessment will be documented in the OB ECC flow sheet within the electronic medical record, and communicated with the OB Hospitalist or OB provider.

   A. Obstetrical findings, present or suspected, that require immediate OB Hospitalist intervention include, but are not limited to:
      1. Imminent delivery
      2. Prolapsed cord
      3. Frank bleeding
      4. Advanced dilation with malpresentation
      5. Inability to locate fetal heart tones
      6. Maternal seizures
      7. Unstable maternal status

   B. Obstetrical findings, present or suspected, that require prompt OB Hospitalist notification include, but are not limited to:
      1. Vaginal bleeding
      2. Acute abdominal pain
      3. Temperature >100.4
      4. Preterm labor
      5. Premature rupture of membranes
6. Hypertension  
7. Category II Indeterminate or Category III Abnormal fetal heart rate pattern  
8. Unstable maternal status  

C. The patient will be assessed by an OB Provider. The following criteria will be met and documented prior to discharge:  
a. Maternal vital signs are within normal limits. The provider may make exception for example, when the patient has chronic hypertension or pre eclampsia without severe features and can safely be discharged home on bed-rest.  
b. The fetus has a normal Category I EFM tracing or fetal wellbeing has been established via Biophysical Profile or per the OB provider.  
c. The absence of active labor is established.  
d. There is no amniotic fluid leakage per vagina.  

D. Upon discharge, a copy of the discharge instructions will be signed by both nurse and patient. The patient, or if indicated, the responsible support person will indicate that the discharge instructions were received. Patient will receive a copy.  

4. Outpatient Labor check:  
Pregnant patients > 37 weeks gestation with no risk factors who present for labor assessment/evaluation- QMP RN will perform labor assessment and notify the Provider upon completion provided there is a reactive NST obtained.  

1. All outpatients not seen by a provider prior to discharge will have a normal Category I fetal heart tracing. Two RN’s will review fetal heart tracing. Both RN’s will sign fetal tracing strip and document review in electronic medical record.  
2. The following criteria will be met and documented prior to discharge per provider order:  
a. Maternal vital signs are within normal limits. The provider may make exception for example, when the patient has chronic hypertension or mild pre eclampsia and can safely be discharged home on bed-rest.  
b. The fetus has a normal Category I EFM tracing.  
c. The absence of active labor is established.  
d. There is no amniotic fluid leakage per vagina.  

3. The patient, or if indicated, the responsible support person will indicate that the instructions were received. A copy of the discharge instruction will be signed by both nurse and patient. Patient will receive a copy.  

Pregnant patients > 14 weeks gestation can be admitted to Women’s Services. Patient placement status may be INPATIENT or OBSERVATION depending on provider order. All vaginal deliveries and OB procedures may take place in Labor/Delivery/OB OR/ Recovery (LDR) rooms and/or the Main OR. In imminent situations, a patient may deliver in the OB ECC.
Exception: For those patients needing collaborative care with critical care, they may receive medical care in the critical care setting. Delivery and/or operative delivery procedure may occur in critical care setting or the Main Operating Room per provider order. Patient and/or “fetus” condition may require continued evaluation and/or observation to determine well being of either and/or both. Fetal assessments/reassessments will be done per provider order.

5. High Risk Antepartum

Pregnant patients with pregnancy complications will be directly admitted to Labor and Delivery. Patient placement status may be OBSERVATION or INPATIENT depending on provider order.

EXCEPTION:

1. Patient requiring cardiac monitoring who are not stable obstetrically may utilize remote telemetry monitoring through collaboration of care per provider orders.

6. Transfer: Obstetrical patient requiring medical care on another unit must meet the following criteria prior to transfer per provider order.
   a) Absence of active labor will have been established
   b) Premature labor will be controlled by tocolysis.
   c) Fetus will have a normal fetal heart rate tracing.
   d) Fetal surveillance is not continuous

OB patients requiring nursing care in another department will receive OB care in collaboration of all interdisciplinary team members including Attending Provider, Hospitalist, OB Consulting Provider, OB Charge Nurse, and other team members specific to that department.

7. OB patient requiring non-obstetrical care who are admitted to another unit (ECC or another nursing floor) will be monitored with the following criteria:
   1. OB Unit should be notified by the admitting floor of the pregnant patient or patient who has delivered up to 6 weeks post-partum.
   2. Initiate OB consult as ordered by the attending physician.
   3. Bedside fetal and/or maternal assessment will be performed by the OB staff appropriate for gestational age as ordered by provider
   4. Patients requiring continuous fetal monitoring will have an OB nurse at the bedside

RESPONSIBILITY: 1. It will be the responsibility of the providers to be aware of this department policy.

2. It will be the responsibility of the Director of Women’s and Children’s Services to see that the nursing personnel are aware of, and adhere to, this policy.

REFERENCE(S): American Academy of Pediatrics, The American College of Obstetricians and


SMH Policy. Chain of Command (01.ADM.00). SMH: Author.


**AUTHOR(S):**

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Jane Hottinger, MSN, RN, NPD Specialist, Emergency Care Center
Signatures indicate approval of the new or reviewed/revised department policy

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**Title**: Pam Beitlich, Director, Women's and Children’s

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**Committee/Sections (if applicable):**

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**Vice President/Administrative Director (if applicable):**

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**Name and Title**: Connie Andersen, Vice President, Chief Nursing Officer