**External Cephalic Version** [304000584]

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<th>Allergies</th>
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**General**

**Level of Care**

- [X] Outpatient

**Diagnosis:** ____________________________ **Required**

**Vital Signs**

- [X] Vital signs

Routine, As needed, Starting today, Blood Pressure, temperature, pulse and respirations on arrival to unit and at 30 and 60 minutes following procedure., Antepartum

**Notify Provider**

- [X] Notify Anesthesia of pending version

Routine, Once, Starting today For 1 Occurrences, Call "on-call" Anesthesia Pager., Antepartum

**Consent**

- [ ] Verify informed consent

Routine, Once, Starting today
Indicate one of the following to confirm the patient/representative has given informed consent for blood products.
Verify consent and place on patients chart., Antepartum

**Activity**

- [X] Activity as tolerated

Routine, Until discontinued, Starting today, Antepartum

**Diet**

- [ ] Diet NPO

Diet effective now, Starting today
NPO Except:
Diet Comments:

**Nursing Assessment**

- [ ] Observe patient post procedure for discharge criteria

Routine, Until discontinued, Starting today, Observe patient for: 1) Reassuring EFM tracing, 2) Absence of regular painful contractions, or 3) No rupture of membranes. Notify provider if patient does not meet these criteria., Antepartum

**EFM Version**

- [X] External cephalic version

Routine, Once, Starting today
Indication: ____________________________ **Required**

- [X] External Fetal Monitoring

Routine, Once, Starting today, Monitor strip times 15-30 minutes prior to procedure and 20-60 minutes with a reactive NST Post procedure, Antepartum
Imaging (Single Response)

() OB US unit performed
- Routine, Once, Starting today For 1 Occurrences
- US OB evaluation of fetal position - Provider performed.
  Reason for Exam: Required
  Is the patient pregnant?
  Reason for Exam (USE SIGNS AND SYMPTOMS):
  Transport Mode: Bed
  Transport Mode: Department
  Antepartum
  Frequency: Required

() OB US unit performed - TECH
- Routine, 1 time imaging, Starting today For 1
- Ultrasound unit performed - ultrasound tech at bedside.
  Reason for Exam: Required
  Is the patient pregnant?
  Reason for Exam (USE SIGNS AND SYMPTOMS):
  Transport Mode: Bed
  Transport Mode: Department
  Antepartum

IV Fluids

[ ] Saline Lock and Flush Panel
- sodium chloride 0.9 % syringe
  10 mL, IntraCatheter, Every 8 hours, Antepartum, Routine

[ ] Saline lock IV
- Routine, Continuous, Starting today, Antepartum

[ ] lactated ringers infusion
- 20 mL/hr, IntraVENous, Continuous, Antepartum
  To keep vein open
  Routine

Medications

Tocolysis Medications

[ ] terbutaline (BRETHINE) injection
- 0.25 mg, SubCutaneous, Once, For 1 Doses, Antepartum
  10-20 minutes prior to procedure. Hold if maternal pulse over 120 beats per minute. Verify with physician if procedure on schedule.
  Routine

Date:_______ Time:________ Printed Name of Ordering Provider:________________________________________

Provider Signature:________________________________________________________________________

Date:_______ Time:_______ RN Acknowledged: _________________________________________

Provider Initial:________________________

Page 2 of 2

External Cephalic Version [304000584]