**ARROWHEAD REGIONAL MEDICAL CENTER
DEPARTMENT OF NURSING POLICY
LABOR AND DELIVERY**

SECTION:	**PATIENT CARE**
SUBJECT:	**OBSERVATION IN LABOR AND DELIVERY, LIMITED**
APPROVED BY:	

Nurse Manager

POLICY

Patients needing an extended period of time for treatment, reassessment, and stabilization are placed in limited observation status in Labor and Delivery (L&D)

PROCEDURE

I. The patient is placed in a Labor and Delivery room

  A. The receiving Registered Nurse (RN) obtains report from the Triage or Emergency Nurse RN
  B. The receiving RN performs a band verification check

II. The RN acknowledges Practitioners limited observation orders

III. Limited observation care includes, but is not limited to, as ordered by the Practitioner

  A. Vital signs on admission, then every four (4) hours
  B. External fetal monitoring for pregnancies greater than 23 weeks' gestation
  C. Infusion of IV fluids
  D. Blood glucose screening
  E. Laboratory studies
  F. Administration of medication

IV. Limited observation time is limited to eight (8) hours. After eight (8) hours:

  A. The Charge RN is notified
  B. Nursing admission documentation is placed in the Electronic Medical Record (EMR) – see L&D Policy No. 220.00 "Documentation Guidelines"
  C. A care plan is initiated
  D. Care plan outcomes are documented at the end of the shift

V. Documentation

  A. Document care, interventions, medications, and assessments
  B. Document fetal heart rate and uterine contraction pattern every one (1) hour
  C. Document focused assessment every four (4) hours

REFERENCES: American Academy of Pediatrics & The American College of Obstetricians and Gynecologist (2017). Guidelines for perinatal care (8th ed.). Elk Grove Village/Washington, Illinois/DC: AAP/ACOG

                          Healthcare Law and Regulations

                          Labor and Delivery Policy No. 220.00 Documentation Guidelines

                          Title 22: Perinatal Unit General Requirement. 70547

DEFINITIONS: **N/A**

ATTACHMENTS: **N/A**

APPROVAL DATE:

N/A	**Policy, Procedure and Standards Committee**
04/30/2021	**Department of Women's Health Services** Applicable Administrator, Hospital or Medical Committee
05/25/2021	**Nursing Standards Committee** Applicable Administrator, Hospital or Medical Committee
06/23/2021	**Patient Safety Quality Committee** Applicable Administrator, Hospital or Medical Committee
03/04/2021	**Quality Management Committee** Applicable Administrator, Hospital or Medical Committee
06/24/2021	**Medical Executive Committee** Applicable Administrator, Hospital or Medical Committee
	Board of Supervisors Approved by the Governing Body

REPLACES: **N/A**

EFFECTIVE: **6/24/2021**

REVISED: **N/A**

REVIEWED: **N/A**

SECTION:	**PATIENT CARE**
SUBJECT:	**DOWNTIME PROCEDURE, ELECTRONIC MEDICAL RECORD (EMR)**
APPROVED BY:	_____
	Nurse Manager

POLICY

During periods of unscheduled and scheduled downtime of the Electronic Medical Records (EMR), Labor and Delivery (L&D) staff follows downtime procedures to ensure continuity of care and patient safety.

PROCEDURE

I. Meditech Downtime

    A. In preparation of unscheduled Downtime for Medi-tech, the Hospital Unit Assistant (HUA):

        1. Prepares downtime form packets
        2. Ensures downtime keyboard is in the department and in working order
        3. For a patient admission, prints out the patient's History and Physical (H&P) and places it in the patient's chart

    B. In preparation for Scheduled Downtime for Medi-tech

        1. The HUA

            a. Prints patient's Medication Administration Records (MAR)
            b. Prints patient's H&P
            c. Prints patients' current laboratory results
            d. Prints extra labels for each patient currently in the unit
            e. Completes patient discharges and transfers

        2. The Registered Nurse (RN)

            a. Prints current doctor orders for each patient
            b. Prepares downtime MAR for each patient
            c. Completes the Plan of Care (POC) on new admissions on the downtime form
            d. If Medi-tech remains down at the end of the shift, a POC is initiated and outcomes are documented on the downtime form

    C. During Downtime for Medi-tech

        1. Admissions, Transfers, and Discharges

            a. The RN calls the HUA for notification of admissions, transfers, and discharges

      b. The HUA notifies the Registration Clerk
      c. The Registration Clerk prints labels and places one label on an armband for the patient
      d. The HUA programs the downtime keyboard using the manufacturer provided instructions
      e. If additional labels are need, the HUA can print them using the downtime keyboard
      f. The HUA creates the patients chart using the downtime form packets
      g. The RN documents on the downtime forms
      h. The "A", "B", and "C" sheets are completed by the Practitioner

2. Placing orders

      a. All orders are placed on a downtime form "Physician Order Form"- see Attachment A
      b. Place the patients room number at the top of the form
      c. Medication(s) and intravenous (IV) solution orders are faxed to Pharmacy

3. Laboratory

      a. Send laboratory specimens with additional required amount of labels
      b. Send the completed "ARMC Test Request Form"- see Attachment B, with the specimens
      c. The Laboratory will call the Charge RN with any critical value results, see Administrative
         Policies and Procedures (ADM) Policy 690.27, Critical Value Reporting to Include Read
         Back Verification
      d. Other laboratory results are sent via the Computerized Tube System (CTS) to the
         department when resulted, see ADM Policy 110.21, Computerized Tube System and
         Security

4. Dietary

      a. The dayshift HUA calls the Dietary Department with new orders
      b. The night shift provides the patients with a unit stocked meal

5. Radiology

      a. The Practitioner completes the- "Request for Radiologic Consultation", see Attachment C,
         downtime form
      b. Between the hours of 0700- 1700, the HUA faxes the form to Medical Imaging (01531), and
         calls Medical Imaging (01930), to notify them of the existing order
      c. Between the hours of 1700-0700, the HUA calls the Picture Archiving Communication
         System (PACS) room (01581), to notify them of existing order
      d. The HUA calls Radiology to notify them of new orders
      e. The form is brought to Radiology with the patient

6. Other Consults
      a. The HUA or RN calls the specific department to notify them of all new orders

D. When the Medi-tech is restored

1. Staff resumes documentation in Medi-tech
2. Place downtime forms in the patient's chart
3. The HUA prints new armbands for affected patients
4. The RN replaces patient armbands
5. The HUA discharges and transfers any patients affected during downtime
6. The HUA reprograms the keyboard to disable downtime

II. <u>Intellispace Downtime</u>

 A. In preparation of unscheduled downtime for Intellispace

  1. Downtime forms are stocked in the department by the HUA

 B. During downtime of Intellispace

  1. Notify Unit Manager
  2. The Charge RN notifies the Residents and Attending Physician
  3. Patients are assessed by the Residents and Attending for the need of continuous electronic fetal monitoring
  4. The Charge RN reassigns patients, as needed, so as to keep the RN's room assignments in close proximity
  5. Patient doors are kept open with curtains closed for privacy
  6. For patients with orders for continuous electronic fetal monitoring, the RN remains outside the patient's room in order to hear the fetal heart tones

 C. When Intellispace is restored

  1. The RN resumes documentation in Intellispace
  2. Downtime forms are placed in the patient's chart
  3. Fetal monitoring strips are placed in an envelope with a downtime sticker affixed to the front

   a. The RN completes the information on the downtime sticker
   b. The RN gives the envelope to the HUA for filing

REFERENCES: **ADM Policy No. 690.27 "Critical Value Reporting to Include Read Back Verification"**
      ADM Policy No. 110.21 "Computerized Tube System and Security"
      ADM policy No. 100.03 "ARMC Policy & Procedure Manuals: Format, Standards"
      Department of Nursing Policy No. 528.05 "Downtime Procedure for Charting in the Meditech PCS"

DEFINITIONS: **N/A**

ATTACHMENTS: **Attachment A- "Physician Order Form"**
      Attachment B- "ARMC Test Request Form"
      Attachment C- "Request for Radiologic Consultation"

APPROVAL DATE:

N/A	**Policy, Procedure and Standards Committee**
05/25/2021	**Nursing Standards Committee**
	Applicable Administrator, Hospital or Medical Committee
04/30/2021	**Department of Women's Health Services**
	Applicable Administrator, Hospital or Medical Committee
N/A	**Quality Management Committee (QMC)**
	Applicable Administrator, Hospital or Medical Committee
N/A	**Medical Executive Committee (MEC)**
	Applicable Administrator, Hospital or Medical Committee
	Board of Supervisors
	Approved by the Governing Body

REPLACES: N/A

EFFECTIVE: 2/27/2020

REVISED: N/A

REVIEWED: 3/2021

Attachment A

Physician Order Form

ARROWHEAD REGIONAL MEDICAL CENTER

USE BLACK BALL POINT PEN ONLY PRESS HARD

DATE	Start:
TIME	
A.M.	
P.M.	

PRINT NAME _____

24° check ☐ _____
RN initials

8° check ☐ _____
RN initials

_____ _____ _____
SIGNATURE DATE/TIME PAGER #

ORDERS: Another brand of generically equivalent product identical in dosage, form and content of active ingredient may be administered unless checked. ✓

WRITE OR IMPRINT
INFORMATION

USE BLACK BALL POINT PEN ONLY - PRESS HARD

DATE	Start:
TIME	
A.M.	
P.M.	

PRINT NAME _____

24° check ☐ _____
RN initials

8° check ☐ _____
RN initials

_____ _____ _____
SIGNATURE DATE/TIME PAGER #

CHART COPY ↑ DO NOT WRITE BELOW THIS LINE ↑ PHYSICIAN ORDER FORM

72-83250-2C (04/08)

GENINFO

Attachment B

ARMC Test Request Form

Arrowhead Regional Medical Center – Test Request Form

PATIENT IDENTIFICATION

Pt Location _____ Date Collected _____

Doctor _____ Time Collected _____
Print First and Last Name

Collected By _____

USE FOR COMPUTER DOWNTIME, INTRAOPS, AND TRAUMAS ONLY

1. Submit the no. of labels requested next to a single test or group of tests (20 maximum).
2. Place a label on each specimen container and send the remaining labels to the lab with this form.

Hematology — 1 lav/5 labels
- ☐ CBC (includes plt ct)
- ☐ Diff
  - ☐ Hgb
  - ☐ Hct
- ☐ Retic
- ☐ ESR

Coagulation — 1 blue/5 labels
- ☐ PT / INR
- ☐ PTT
- ☐ D-Dimer
- ☐ Fibrinogen
- ☐ DIC panel

Urine — 5 labels
- ☐ Urinalysis
  - ☐ Source: _____
- ☐ Pregnancy
- ☐ Drug Screen
- ☐ PCP
- ☐ THC

Urine — 5 labels
- ☐ Random ☐ 24 hr
  - ☐ Sodium
  - ☐ Potassium
  - ☐ Chloride
  - ☐ Creatinine
  - ☐ Microalbumin
  - ☐ Osmolality (urine)
  - ☐ Protein

Body Fluids — 10 labels
Source: _____
- ☐ Cell count/Differential
- ☐ Total protein
- ☐ Glucose

Chemistry — 1 light green/5 labels
- ☐ BMP (Lytes+BCrG+Ca)
- ☐ Sodium
- ☐ Potassium
- ☐ Chloride
- ☐ CO2
- ☐ BUN
- ☐ Creatinine
- ☐ Glucose, random
- ☐ Calcium
- ☐ Magnesium
- ☐ Phosphorus
- ☐ Liver Panel
- ☐ Cardiac Markers
  - CK + Troponin
  - ☐ BNP
  - ☐ CRP
- ☐ Lipid Profile
  - Chol, Trig, HDL, LDL
- ☐ Amylase
- ☐ Lipase
- ☐ Uric Acid
- ☐ Alcohol
- ☐ Acetaminophen
- ☐ Salicylate

Therapeutic Drugs
Last Dose: _____
- ☐ Digoxin
- ☐ Dilantin
- ☐ Gentamicin, pre
- ☐ Gentamicin, post
- ☐ Phenobarb
- ☐ Tegretol
- ☐ Valproic Acid
- ☐ Vancomycin, pre
- ☐ Vancomycin, post

- ☐ TSH
- ☐ FT4
- ☐ Total T3
- ☐ FT3
- ☐ Total T4
- ☐ Iron
- ☐ TIBC (Includes Iron)
- ☐ Ferritin
- ☐ Acetone
- ☐ BHU
- ☐ C-Peptide
- ☐ Cortisol
- ☐ FSH
- ☐ Insulin
- ☐ LH
- ☐ Prolactin
- ☐ RF (Rheum. Factor)

Special Chemistry — 1 gold/5 labels
- ☐ Osmolality (serum)
- ☐ Lithium, last dose _____
- ☐ SPEP
- ☐ AFP
- ☐ bHCG
- ☐ B12
- ☐ Folate
- ☐ CA 125
- ☐ CEA
- ☐ Prealbumin
- ☐ PSA

Special Chemistry — 5 labels
- ☐ Ammonia (on ice)
- ☐ HA1c
- ☐ Hemoglobin Electroph
- ☐ PTH

- ☐ **Lactate** — 5 labels
  (gray top on ice)

Newborn Testing — 10 labels
- ☐ Total Bilirubin
- ☐ Direct Bilirubin
- ☐ Hct
- ☐ Retic
- ☐ Cord Blood workup
- ☐ Neonatal Protocol
  Octoped (vol _____)

Blood Bank — 2 pink/5 labels
- ☐ Type & Screen
- ☐ Type & Cross
  # of Units _____
- ☐ ACP: #Units _____
- ☐ FFP: #Units _____
- ☐ Rhogam
- ☐ Platelet Apheresis (LPA)

Serology — 1 gold/5 labels
- ☐ HIV Ab
- ☐ **Hepatitis Panel**
  - ☐ Hep B Surf Ag
  - ☐ Hep B Core IgM Ab
  - ☐ Hep A Ab
  - ☐ Hep C Ab
- ☐ VDRL
- ☐ Prenatal Hep
- ☐ Rubella
- ☐ ANA

Microbiology — 5 labels
Culture and Sensitivity
Source: _____
- ☐ Routine Culture
- ☐ Blood Culture
- ☐ Chlam/GC
- ☐ TB   ☐ Fungus
- ☐ O & P   ☐ C. diff
- ☐ RSV

☐ ED Trauma Only: Lytes+BCRG, CBC+Diff, PT+ PTT, ETOH, T&S, UDS, UA, UPreg (1 light green, 1 gold, 1 lavender, 1 blue, 2 pink, urine/20 labels)

Additional Tests: _____

_____

Arrowhead Regional Medical Center • 400 N. Pepper Ave., Colton, CA 92324-1819

72-62486-2 (Rev. 07/10)

LABALDNO

Attachment C

Request for Radiologic Consultation

ARROWHEAD REGIONAL MEDICAL CENTER
DEPARTMENT OF MEDICAL IMAGING
REQUEST FOR RADIOLOGIC CONSULTATION

PATIENT IDENTIFICATION

RADALCS

PATIENT NAME	Date of Request	Date to be Done

EXAMINATION REQUESTED   ☐ X-ray   ☐ CT   ☐ Angio   ☐
Ultrasound
☐ Nuclear Medicine   ☐ Radiation
Oncology

REFERRING PHYSICIAN	NURSE

☐ Stat.   ☐ Urgent Report   ☐ Portable   ☐ Surg.   ☐ Wheelchair   ☐ Stretcher   ☐ IP   ☐ OP   ☐ ER   Pregnant ☐ Yes   ☐ No

CLINICAL INFORMATION   TECH. REMARKS   L.M.P.

FOR RADIOLOGY DEPT. USE ONLY
8 X 10 _____   10 X 12 _____   CINE NO. _____
14 X 17 _____   14 X 14 _____   TECH. _____
7 X 17 _____   OTHER _____   CHECKED BY DR. _____

ALLERGY HISTORY _____
ABDOMINAL SURGERY _____
HT.: _____ WT.: _____ TEST DOSE: _____
CONTRAST AND AMOUNT _____
REACTION _____ DR. _____

SECTION: PATIENT CARE

SUBJECT: LAP SPONGE SCANNING DETECTION SYSTEM

APPROVED BY:

Nurse Manager

POLICY

Radio frequency (RF) scanning is used in addition to a manual lap sponge count to prevent retained objects for post vaginal deliveries

PROCEDURE

I. Equipment

    A. Scanning detection system console
    B. Scanning detection system stand
    C. Scanning detection scanner
    D. RF-tagged lap sponge
    E. Towel

II. Contraindications

    A. None
    B. Use caution when Scanning device is used in the presence of flammable anesthetics
    C. Use caution when operating the scanning device near external or implanted electronic devices

III. Prior to a vaginal delivery perform a manual lap sponge count

IV. Before removing patient from the lithotomy position, perform a RF scan on the patient

V. Ensure all RF tagged lap sponges, unused electronic devices, and metal delivery instruments are more than three (3) feet from the scan site to avoid possible false positive detections

VI. Plug the scanning detection system into a grounded power outlet

VII. To scan a patient, turn the power switch on the back panel to the **ON** position. The home screen display will appear. Select "Patient":

    A. Place a clean, dry towel over the patients' lower abdomen
    B. Place the scanning detection scanner on the towel within one inch of the area of interest
    C. Press "START Patient Scan" on the home screen (scan last approximately 14-16 seconds)
    D. When the scan is completed the screen displays either a green "CLEAR", or red "DETECTION" screen:

    E. If a green "CLEAR" screen is displayed, there is no RF-tagged lap sponge detected

        1. Touch the screen to continue and view the scan confirmation code number

        2. Document the "CLEAR" confirmation code number in the patients' Electronic Health Record (EHR)
        3. If you need to perform another scan on the same patient, touch continue, then start to initiate another scan

    F. If a red "DETECTION" screen is displayed, a RF-tagged lap sponge has been detected

        1. Touch the screen to continue and view the scan confirmation code number

        2. Search and retrieve the missing tagged item(s)
        3. Touch continue to perform another scan. Repeat the scanning steps until a "CLEAR" scan is reported
        4. Document all the "DETECTION" and "CLEAR" scan confirmation code numbers in the patients' EHR

VIII. <u>If the patient's scan completed with a green "CLEAR" display and the manual count is incorrect, perform a room scan</u>

X. <u>To scan a room, turn the power switch on the back panel to the **ON** position. The home screen display will appear. Select "Room":</u>

   A. Press "START Room Scan" on the home screen (scan last approximately 3 minutes)
   B. Slowly move the scanner around the room

      1. The screen display will show an active-scan screen
      2. If the scanner is moved within range of a RF-tagged lap sponge, a red "DETECTION" screen is displayed
      3. When the scanner is moved out of range of a RF-tagged lap sponge, the screen display will revert back to the active-scan screen
      4. If the room scan does not detect a RF-tagged lap sponge and the manual count remains incorrect an X-Ray is ordered by the Practitioner and performed prior to the patient leaving the delivery room

XI. <u>Cleaning</u>

   A. Thoroughly wipe all surfaces of the components, cords, and console with alcohol-based wipes
   B. Place unit in appropriate storage area

REFERENCES: ADM Policy No. 100.03 "ARMC Policy & Procedure Manuals: Format, Standards"

                        Medtronic Situate Delivery System 200LD-V user guide

DEFINITIONS: N/A

ATTACHMENTS: N/A

APPROVAL DATE:

N/A	**Policy, Procedure and Standards Committee**
10/1/2020	**Nursing Standards Committee**
	Applicable Administrator, Hospital or Medical Committee
04/30/2021	**Department of Women's Health Services**
	Applicable Administrator, Hospital or Medical Committee
04/28/2021	**Patient Safety Quality Committee**
	Applicable Administrator, Hospital or Medical Committee
N/A	**Quality Management Committee (QMC)**
	Applicable Administrator, Hospital or Medical Committee
N/A	**Medical Executive Committee (MEC)**
	Applicable Administrator, Hospital or Medical Committee
	Board of Supervisors
	Approved by the Governing Body

REPLACES: **N/A**

EFFECTIVE: **04/28/2021**

REVISED: **N/A**

REVIEWED: **N/A**