



**ARROWHEAD REGIONAL MEDICAL CENTER**  
**Department of Nursing (NRS)**  
**Labor and Delivery Policies and Procedures**

**Policy No. 303.00 Issue 1**  
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**SECTION: PATIENT CARE**

**SUBJECT: STANDARDIZED PROCEDURE: FOR REGISTERED NURSES WITHIN THE LABOR AND DELIVERY DEPARTMENT TRIAGE**

**APPROVED BY:** \_\_\_\_\_  
Nurse Manager

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## **POLICY**

Qualified registered nurses (RNs) in the Labor & Delivery Department (L&D) Triage may perform standardized procedures without direct supervision of an Obstetric (OB) Practitioner in accordance with written standardized procedure policy developed by nursing, medicine, and administration after the RN has been evaluated and approved as having met the education and experience requirements specified in the procedure.

## **PROCEDURE**

- I. Qualified RNs assess patients and assign a Maternal Fetal Triage Index (MFTI) Score (1-5) to determine priority of care
  - A. For patients presenting with a MFTI Score of 3 with stable vital signs (V/S), 4, or 5, the RN, without direct supervision, will follow the standardized procedure
  - B. For patients presenting with a MFTI Index Score of 1 or 2, 3 with unstable V/S, and/or with multiple complaints or complicated medical histories, the RN will notify the OB Practitioner
- II. Qualified RNs, without direct OB Practitioner supervision, may order diagnostic tests that are in predetermined order sets according to chief complaint, created by medical staff, and approved by all key stakeholders, including:
  - A. Blood, urine, and body fluid testing
  - B. Ultrasounds
  - C. Fetal heart tones / electronic fetal monitoring
  - D. 12-lead electrocardiogram
  - E. IV fluid infusion
  - F. Tylenol administration
- III. Standardized procedure indications
  - A. Improve patient satisfaction by decreasing wait times
  - B. Enhance patient safety and quality of care, including fewer complications and return visits
  - C. Improve nursing satisfaction and retention
  - D. Increase hospital revenue
- IV. The RN who performs the standardized procedure will meet the following requirements:

A. Initial Competency:

1. Current Registered Nurse Licensure with a minimum of 18 months L&D experience
2. Demonstrate competency in Advanced Fetal Monitoring by completing course and passing a written examination
3. Triage RN competency
4. MFTI online education
5. Approved point of care (POC) testing (urine pregnancy and glucose) competencies
6. Initial competency will be validated by direct observation during orientation to the unit

B. Annual Competency

1. Triage RN competency
2. Approved POC testing (urine pregnancy and glucose) competencies
3. Annual competency will be validated by direct observation and/or using online modules via the learning management system.

V. Development and approval of the standardized procedure

A. The standardized procedure is developed through collaboration among nurses, OB Practitioners, and Administration. It is approved by the following Committees:

1. Department of Women's Health Services
2. Nursing Standards Committee
3. Pharmacy and Therapeutics
4. Patient Safety and Quality Committee
5. Committee on Interdisciplinary Practice
6. Quality Management Committee
7. Medical Executive Committee

VI. Maintenance and review

A. The approved standardized procedure, competency criteria, and the list of RNs who are competent to function under the standardized procedure are maintained in the Chief Nursing Office and the employee's file. A copy of the standardized procedure is kept in the Unit Specific Policy and Procedural Manual.

B. The standardized procedure is reviewed and/or revised every two years

VII. If the standardized procedure is no longer used it is discontinued following the process outlined in Department of Nursing (NRS) Policy 412.00

REFERENCES:

Board of Registered Nursing. (2011). An explanation of the scope of RN practice including standardized procedures. <https://www.rn.ca.gov/pdfs/regulations/npr-b-03.pdf>

Bradley, S. L., Tatsis, V., Wolfe, K., Pagano, T., Tucker, A., Bartlett, A., & Katz, T. (2024). The obstetrical emergency department: Need, rationale, and guide to implementation. *American journal of obstetrics and gynecology*, 230(6), 642–648. <https://doi.org/10.1016/j.ajog.2023.12.021>

California Business and Professions Code, Division 2, Chapter 6, Article 2.2725. [https://leginfo.legislature.ca.gov/faces/codes\\_displayText.xhtml?lawCode=BPC](https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC)

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Department of Nursing (NRS) Policy 412.00 Issue 4, Standardized Procedures.  
Title 22: Perinatal Unit General Requirement 70547(a) (1).  
<https://www.cdpb.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-37-Attachment3.pdf>

Ruhl, C., Scheich, B., Onokpise, B., & Bingham, D. (2015). Content Validity Testing of the Maternal Fetal Triage Index. *Journal of obstetric, gynecologic, and neonatal nursing: JOGNN*, 44(6), 701–709. <https://doi.org/10.1111/1552-6909.12763>

**DEFINITIONS:**

**MFTI:** The Association of Women's Health, Obstetric, and Neonatal Nurses has developed the Maternal Fetal Triage Index (MFTI), a tool that provides a standardized approach to obstetric triage. The MFTI is a five-level obstetric acuity tool for nurses to use when they triage a woman presenting for care to a birth unit to prioritize the woman's urgency for provider evaluation.

**ATTACHMENTS:**

N/A

**APPROVAL DATE:**

9/1/2024

**Sheryl Wooldridge, Clinical Director II**

Department/Service Director, Head or Manager

9/16/2024

**Department of Women's Health Services**

Applicable Administrator, Hospital or Medical Committee

3/18/2025

**Nursing Standards Committee**

Applicable Administrator, Hospital or Medical Committee

9/19/2024

**Pharmacy and Therapeutics**

Applicable Administrator, Hospital or Medical Committee

3/26/2025

**Patient Safety and Quality Committee**

Applicable Administrator, Hospital or Medical Committee

5/1/2025

**Quality Management Committee**

Applicable Administrator, Hospital or Medical Committee

5/29/2025

**Medical Executive Committee**

Applicable Administrator, Hospital or Medical Committee

1/13/2026

**Board of Supervisors**

Approved by the Governing Body

**REPLACES:**

N/A

**EFFECTIVE:**

**9/1/2024**

**REVISED:**

**REVIEWED:**