

Section: Division of Nursing
Approval: _____

* **PROTOCOL** *

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HACKETTSTOWN COMMUNITY HOSPITAL

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MATERNAL SERVICES
(Scope)

TITLE: PROSTIN E₂ FOR INTRAUTERINE FETAL DEMISE

PURPOSE: To outline procedure to provide nursing care and support for the patient receiving Prostin E₂ to induce labor in the case of intrauterine fetal deaths up to 28 weeks; evacuate uterus in cases of missed abortion; or benign hydatidiform mole.

LEVEL: Dependent _____ Independent _____ Interdependent X

- SUPPORTIVE DATA: 1. Prostaglandin E₂ (PGE₂) induces structural changes in the cervix that produce thinning, softening and eventual dilatation; i.e.:
- a. Biochemical alterations in the cervical connective tissue are mediated by PGE₂ to reduce the stiffness or stretch modulus.
 - b. Produces strong, prompt contractions of uterine smooth muscle.
2. Prostin E₂ is indicated for evacuation of uterine contents in the management of missed abortion or intrauterine fetal death up to 28 weeks gestational age.
3. Initial instillation of Prostin E₂ suppository is a physician procedure.
4. Monitor uterine activity.

- | CONTENT: | PROCEDURE STEPS: | KEY POINTS: |
|----------|--|--|
| | 1. Prior to admission, order Prostin 20 mg suppositories from Pharmacy. Store in med refrigerator identified by patient's name label. | |
| | 2. <u>Day of Admission:</u> <ul style="list-style-type: none">a. Once positive identification of fetal demise is determined (e.g., ultrasound, absence of fetal EKG), complete admission procedures and assessment per labor admission protocol and procedure.b. Discuss procedure and expected outcomes with patient and her support person. | * Provider obtains informed consent. |
| | 3. Application of Prostin E ₂ suppositories: <ul style="list-style-type: none">a. Assemble any equipment needed by physician.b. Just before use, warm Prostin E₂ suppository in its wrapping to room temperature.c. Assist patient into position for insertion of suppository. | Usual dose is one 20 mg. Suppository to be repeated every 3-5 hours until fetus is expelled. |

- d. Provider will insert first Prostin E₂ suppository into vaginal vault. Suppository is inserted high into posterior vaginal fornix. Nurse may insert subsequent doses.
- e. Assist patient into comfortable position after procedure is completed. Patient should remain supine for 1 hour following insertion.
- f. Following instillation of initial suppository, observe for possible adverse reactions/side effects listed:
CNS – headache, dizziness, flushing, anxiety/tension, hot flashes, paresthesia, syncope, weakness
CV – hypotension, arrhythmias, chest pain/tightness
GI – vomiting, diarrhea, nausea
GU – Endometritis, uterine rupture, uterine/vaginal pain
Resp – Coughing, dyspnea, wheezing
Other – Fever, chills, shivering, joint inflammation, leg cramps, rash, eye pain, diaphoresis, blurred vision, breast tenderness, backache. May be treated with anti-diarrheal agent or antiemetic prior to Prostin insertion
Prostin-induced fever is self-limiting and Occurs in approximately 50% of all patients. Treat with cool sponge bath and increased fluid intake rather than antipyretic.
- g. Do vital signs q 15 minutes for first hour, then q 2 hours until evacuation of uterine contents.
- h. Abortion should be complete within 30 hours. Continuous administration for > 2 days is not advised.

4. Observation:

- a. Maintain bedrest and continuous uterine monitoring.
- b. Offer emotional support as needed.
- c. BRP only after at least one (1) hour of supine position. To ensure suppository has dissolved and has been absorbed.

DOCUMENTATION:

5. Chart in QS notes:
- a. Uterine activity and cervical changes.
- b. Time of Prostin suppository application and amount.
- c. Patient status: signs of adverse reactions and treatment of them.
- d. Time and nature of vaginal discharge.
- e. Time of evacuation of uterine contents.