

Section: Division of Nursing *****
* **PROTOCOL** *
Approval: _____ *****

HACKETTSTOWN COMMUNITY HOSPITAL

Originator: D. Terrance, RN
P. Swanson, RN, MSN
A. Canova, MD, FACOG
Revised: Catherine Burns, BSN, RNC

MATERNAL SERVICES
(Scope)

TITLE: CYTOTEC (Misoprostol) ADMINISTRATION PROTOCOL

PURPOSE: To define the scope of nursing practice related to care of patients receiving Cytotec for induction of labor for intrauterine Fetal Demise under 24 weeks gestation.

Goal: Effective uterine activity sufficient to provide cervical change and fetal descent and delivery.

LEVELS: ___Independent X Interdependent ___Dependent

SUPPORTIVE DATA: A. Provider must be "readily accessible" during administration of Cytotech.

B. IV Oxytocin for labor induction/augmentation may not be started until 4 hours after the last dose of Cytotec. Provider may choose to initiate Oxytocin if less than 6 uterine contractions per hour.

C. Cytotec and intravenous Oxytocin may not be used together for induction/augmentation of labor.

D. Provider Role in Cytotec Administration:

1. Provider will document exam/assessment findings on the patient chart, and will also document medical indication for oxytocin use.
2. Cytotec (Misoprostol) will be ordered by the Provider for Intrauterine Fetal Demise that is confirmed by ultrasound.
3. Initial dose 400-600 micrograms (vaginally or per rectum) and repeated every 6 hours
-Or-
200 micrograms every four hours (vaginally or per rectum)
4. Initial dose will be inserted by Provider into posterior fornix of the vagina or rectally.
5. Repeated doses may be administered up to 3 times at the Provider's discretion.

E. Contraindications for use:

1. Known hypersensitivity to Prostaglandins and or Misoprostol
2. Glaucoma or increased ocular pressure
3. Suspected Chorioamnionitis
4. Previous uterine surgery at >than 20 weeks gestation.
5. Multipara with six (6) or more previous term pregnancies.
6. Chronic adrenal failure or current long-term corticosteroid therapy.
7. Severe anemia, known coagulopathy or anticoagulant therapy.

CONTENT:

NURSING COMPETENCIES:

- A. Admit per protocol.
- B. Obtain admission lab work as ordered
- C. Informed consent for procedure must be obtained by Provider.
- D. All patients will be assessed per unit procedures prior to Cytotec insertion, and continuously

cared for by an RN.

- E. I.V. protocol will be initiated for the start of I.V. fluids and for maintenance of the I.V. device site.
Rational: adequate hydration increase skeletal muscle performance.
IV site must be maintained for access in the event of emergency.
 - 1. A large bore I.V. device will be used per unit standards (number 18 or greater)
 - 2. A physiologic electrolyte solution (non dextrose containing) should be ordered for I.V. Solutions; for example: Lactated Ringers
 - 3. Initiate intake and output monitoring.
- F. Provider will insert initial dose of Cytotec which is supplied in 100 microgram tablets into the posterior fornix of the vagina, or rectally. Nurse will prepare patient for insertion and assist as needed with procedure.
- G. Maintain strict bed rest for 2 hours post insertion. Bed rest with bathroom privileges after first 2 hours.
- H. Observe for side effects and document:
 - 1. nausea /vomiting
 - 2. diarrhea
 - 3. fever/chills
 - 4. pad check hourly
- I. Vaginal exam prior to each dose of Cytotec.
- J. Patient should receive adequate analgesia as ordered.
- K. Offer anti-emetics and anti-diarrhea medication as ordered.
- L. Monitor vital signs every 2 hours, notify Provider of temp. > 100.4 F
- M. Utilize non-medicinal comfort measures, excluding use of Jacuzzi tub, which may dislodge or 'wash away' medication.
- N. Maintain NPO except ice chips or as otherwise ordered by provider.

DOCUMENTATION:

- A. Baseline data including vital signs, repeat every 30-60 minutes.
- B. Time, date, and route of Cytotec administration
- C. Patient teaching
- D. Intake and output
- E. Patient response to procedure and medication.
- F. Provider notification and response
- G. Comfort measures utilized and patient response.

PATIENT TEACHING:

- 1. Answer patient questions and concerns.
- 2. Instruct on procedures; i.e., I&O, I.V., insertion of medication.
- 3. Reassure patient regarding pain relief.
- 4. Offer reassurance and emotional support as labor progresses.

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