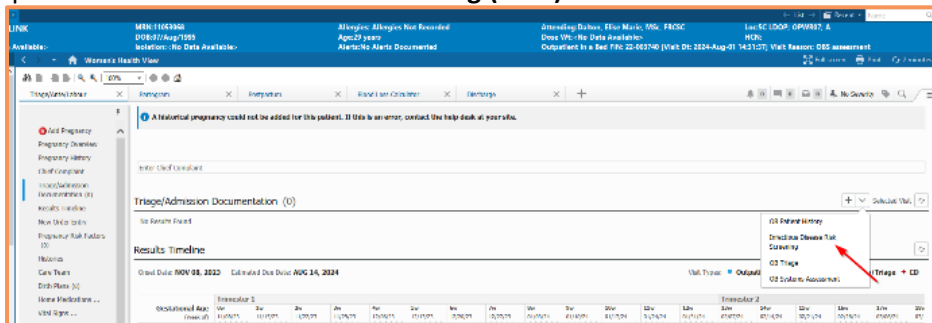


LABOUR AND DELIVERY NURSE & CLERK

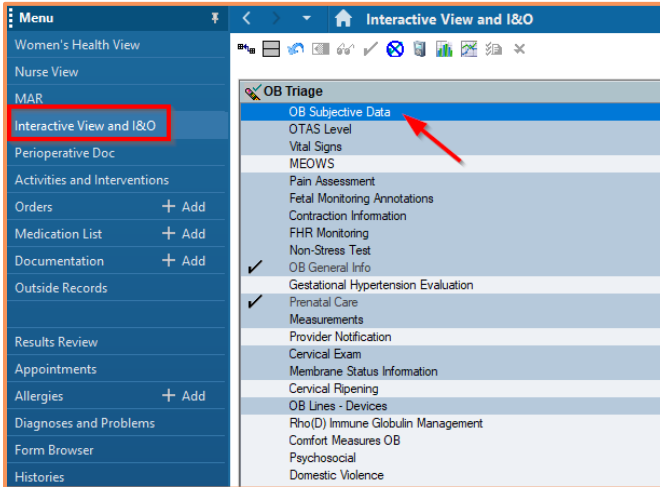
- 1) Login into millennium
- 2) **Quick Admit** (by nurse if patient has symptoms that can't wait OR by clerk if patient stable)
 - a) Refer to Quick Admit Tip Sheet
- 3) Turn EFM monitor on and log into Fetal Link
- 4) Associate devices
- 5) Identify Reason for monitoring in fetal link
- 6) Navigate to tracking board and select applicable patient and review and update pregnancy history as needed (**Adding Pregnancy step may be already completed by Ward Clerk if Patient already has existing encounter**)
 - a) If the patient's chart does not have an active pregnancy open, many workflow tabs (including **Triage/Ante/Labour** tabs) will be blank and you will be prompted to **Add a pregnancy**
- 7) Complete **Infectious Disease Risk Screening (IDRS)**



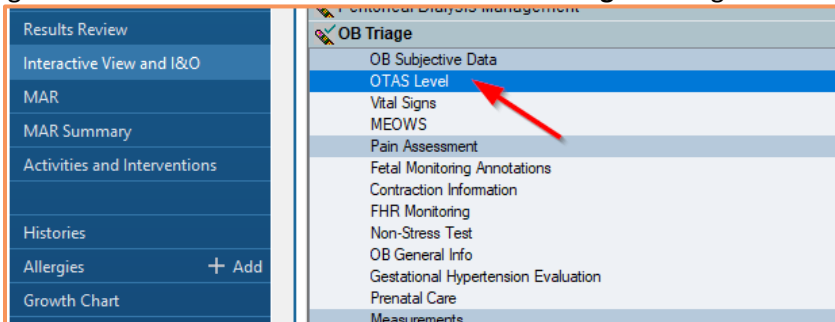
- 8) Complete all applicable fields on IDRS and select **Green Check Mark** upon completion



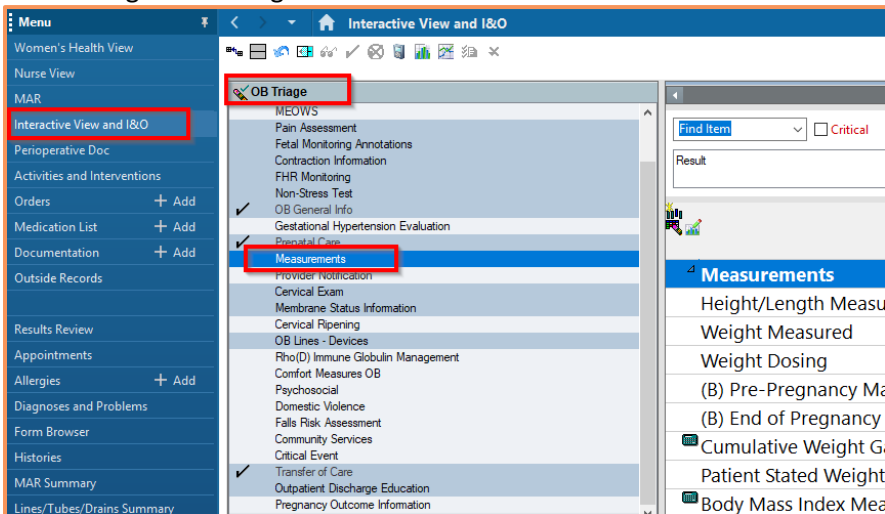
- 9) Navigate to Interactive View and I&O select **OB Triage** band and then select **OB Subjective Data** and navigate applicable fields



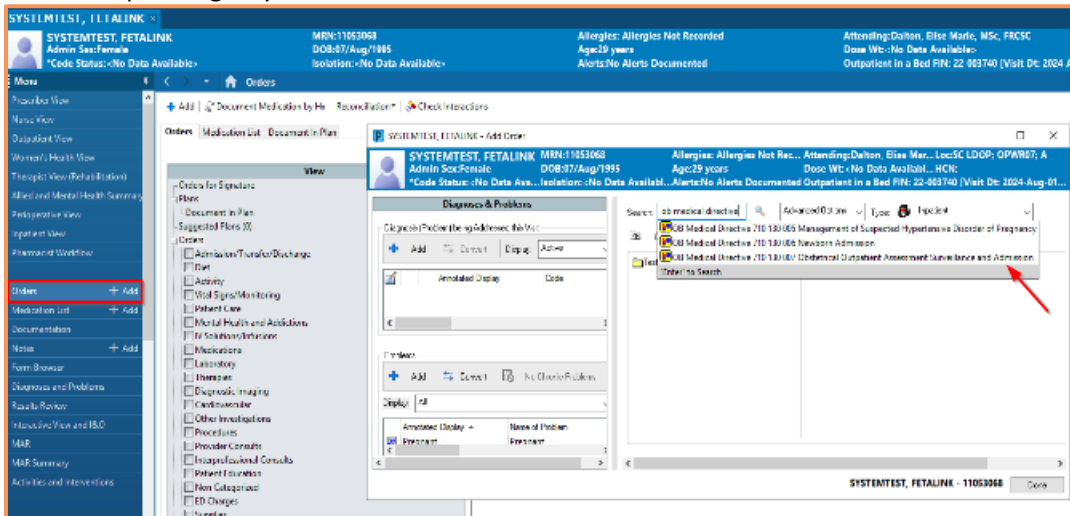
- 10) Navigate to Interactive View and I&O select **OTAS Triage** to assign **OTAS Level**



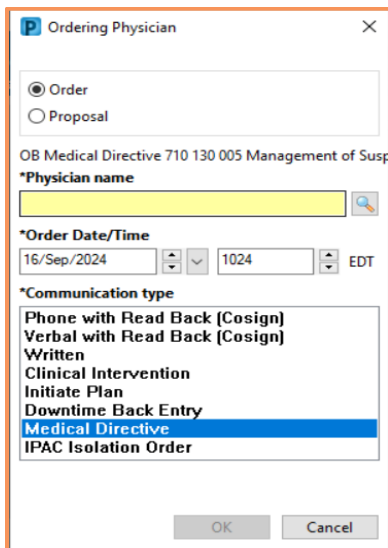
- 11) Annotate on fetal tracings as appropriate on Fetalink (Refer to Fetal Link Tip Sheets)
12) Document Height and Weight in **Measurement** section in iView



- 13) Place the OB Outpatient Medical directive power plan
 - a) Navigate to **Orders** in the table of contents, select **+ Add**
 - b) In the **Search** field type in OB Medical Directive and select the appropriate directive corresponding to your care



- 14) Ordering Physician window will open after selecting appropriate Medical Directive
 - a) Fill out **Ordering Physician Name**, **Communication Type** of Medical Directive



- 15) Upon review **De- Select "Discharge Patient - T;N, Home. For scheduled NSTs that are classified as NORMAL, the patient may have the monitor removed and discharged home from triage or fast track and the MRP will review the NST before the end of their on-call shift (or within 24 hours if MRP is GP or RM)"** as this is not applicable for Triage Patients, only booked NSTs



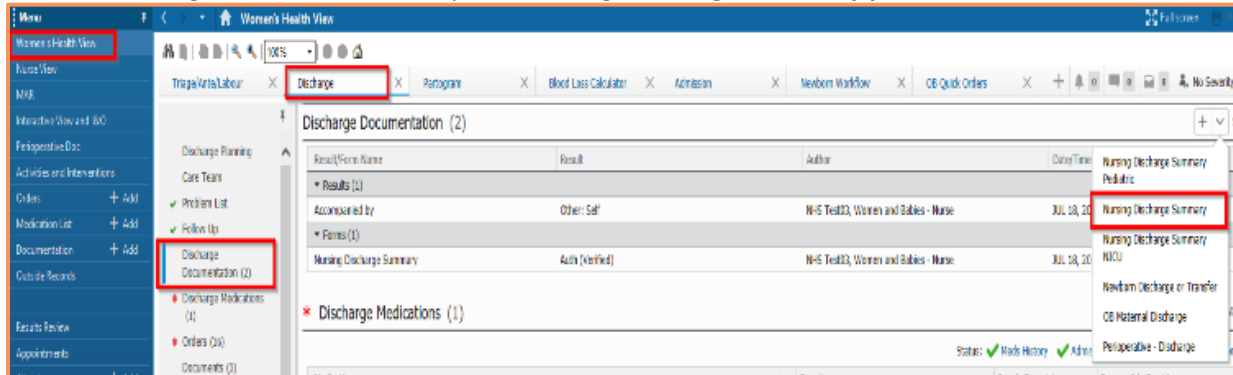
OB TRIAGE

HOSPITAL INFORMATION SYSTEM (HIS)

- 16) Notify OB
- 17) Provider presents to bedside
 - a) Determine need for intervention eg labs, meds, DI
 - b) Decision for admission, re-assessment or discharge
- 18) Document appropriate findings in iView as directed above
- 19) If decision to discharge in triage:
 - a) Complete all fetal monitoring documentation
 - b) Dissociate patient from Fetal monitor
 - c) ONCE FETAL TRACING DOCUMENTATION IS COMPLETE YOU MUST BE 100%**
 - d) Finalize fetal tracing done in Fetal Link (THIS CAN NOT BE UNDONE)**
 - e) Finalize fetal tracing done in Fetal Link
 - f) Nurse to access **Nurse Review (NR)** column on the tracking board to verify Discharge order by OB
 - g) Ensure patient chart ready for discharge navigate to iView and complete the **Outpatient Discharge Education** section

Result	Comments	Flag	Date
			15:03
Outpatient Discharge Education			
	Fetal Movement Health Teaching		
	Follow up Care		
	When to Return to Hospital		
	Plan of Care		
	Verbal Health Teaching Given		
	Cervidil Patient Handout Given		
	Rhogam Information Pamphlet Given		
	Prescriptions Given		

- h) Access discharge workflow mPage and navigate to **Discharge Documentation** and review discharge education and complete **Nursing Discharge Summary** powerform



- i) Complete discharge registration conversation
- i) Select **Rocketship** from tracking board and navigate to **Discharge Encounter**
 - ii) Follow prompts for required fields

