

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
AMBULATORY CARE POLICY MANUAL
FETAL ASSESSMENT CENTER
POLICY & PROCEDURE

NUMBER: 4962
VERSION: 1

SUBJECT/TITLE: PERINATAL ADMINISTRATION

MD ORDER: YES [] NO [X]

POLICY:

PURPOSE: To define the overall nursing and medical administrative authority within the perinatal department.

DEPARTMENTS: Nursing 3D- Fetal Assessment, OB/GYN

DEFINITIONS:

PROCEDURE: A. ADMINISTRATIVE AUTHORITY

1. Overall Administrative Authority is shared by the Chiefs of Services (Obstetrics and Neonatology), Area Nursing Director, and Administrator.
2. Physicians assigned to the Obstetrical Service are directly responsible to the Attending Physician of the service to which they are assigned. They are under the medical supervision of the Chief Physician of the Obstetrical Service who is board certified/eligible by the American Board of Obstetrics and Gynecology.
3. Physicians and/or nurse practitioners assigned to the Normal Newborn Service are directly responsible to the Neonatologist or Hospitalist in charge. The Neonatologists/Hospitalists responsible to the Chief of Neonatology who is certified by the American Board of Pediatrics.
4. Anesthesiologists and Certified Registered Nurse Anesthetists are directly responsible to the Anesthesiologist in charge of OB Anesthesiology who is responsible to the Chief of Anesthesiology.

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5. Nursing staff assigned to this service are directly responsible to the Nurse Manager of the specific unit. The Nurse Manager is responsible to the Clinical Nursing Director of the Perinatal Service who, in turn, is responsible to the Chief Nursing Officer as they relate to nursing personnel and patients in the unit.
6. Written Policies and Procedures shall be developed and maintained by the Clinical Nursing Director in consultation with other appropriate health professionals and administration.

B. STAFFING

1. MEDICAL-OBSTETRICS

- a. Medical responsibility rests with the Chief Physician of the Obstetrical service who is board certified/eligible by the American Board of Obstetricians and Gynecologists.
- b. A Staff Physician, Senior Resident, and Intern are on duty at all times and are readily available.

2. MEDICAL-NEONATOLOGY

- a. Medical responsibility rests with the Chief Physician of the Neonatology Service who is certified by the American Board of Pediatrics.

3. NURSING

- a. Nursing responsibility rests with the Clinical Nursing Director of the Maternal Child Nursing Service.
- b. The Perinatal units are under the direction of the Nurse Manager who has twenty-four hour responsibility for the unit and is educated in the management of low and high-risk pregnancies.
- c. A Registered Nurse is in charge of the unit on each shift. Registered Nurses assigned to the unit are experienced in identifying and responding to obstetric and medical complications of pregnancy, labor, and delivery.
- d. Surgical Technicians function as scrub nurses in the Labor and Delivery Operating Rooms.
- e. Registered Nurses can function as scrub nurses in the absence of surgical technicians in Labor and Delivery.
- f. There will be sufficient trained personnel to provide care to the patient, to assist the family, and to provide patient/family education.
- g. Staffing requirements are based on the assessment of patient

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care needs using EVALYSIS, a validated patient acuity system, (See “Structure Standards” related to staffing).

C. FUNCTIONS AND RESPONSIBILITIES

1. MEDICAL-OBSTETRICAL

- a. Write specific orders on all admissions for all treatments, medications, tests, and care.
- b. Co-sign verbal orders (only given during emergencies) within 48 hours and all orders written by medical students.
- c. Administer all I.V. push medications and drugs considered to be dangerous, and drugs not approved for RNs to give in accordance with established procedures.
- d. Assume responsibility for informed consent for any operative procedure (or any procedure requiring consent i.e., VBAC).
- e. Assume responsibility for complete pre-operative work-up on surgical patients.
- f. Keep the nurse informed of the patient’s orders, progress, and changes in status and treatment plan.

2. MEDICAL-ANESTHESIA

- a. Assume primary responsibility for monitoring patients with spinal/epidural anesthesia.
- b. Upon physician’s order, place and activate epidural anesthesia for labor.
- c. Administer inhalation anesthesia.
- d. Accompany all post-operative patients to the recovery area for recovery and assist the nurse in assessing status of patient post-anesthesia.
- e. Respond to all cardiopulmonary arrests within the unit.
- f. Maintain and care for all anesthesia equipment and supplies within the unit.

3. MEDICAL-NEONATAL

- a. Respond from the Newborn service for consultation upon request.
- b. Assume responsibility for the resuscitation of the newborn upon arrival in the delivery room.
- c. Determine the disposition of the infant regarding transfer to nursery or NICU.
- d. Assume responsibility for notifying the mother of infant’s condition.

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4. NURSING

- a. Initiate resuscitative measures on all cardiopulmonary arrests.
- b. Possess and apply working knowledge of pathophysiology and how it relates to the obstetrical patient.
- c. Note and execute physician's orders.
- d. Notify the physician of any significant changes in the patient's and/or fetal condition.
- e. Assume responsibility to educate patients, explain procedures, answer questions, and prepare patients and families in the care of their infants.
- f. Provide emotional support and anticipatory guidance during hospital stay.
- g. Maintain and provide a therapeutic and safe environment.
- h. Assume responsibility for I.V. therapy in accordance with the Olive View-UCLA Medical Center's I.V. Therapy Protocol.
- i. Develop individual plan of care utilizing nursing process in consultation with the patient.
- j. Administer medications and treatments as ordered.
- k. Observe safety precautions and proper body mechanics in providing care to mothers and infants.
- l. Assess and facilitate effective mother-infant bonding and breastfeeding.
- m. Ensure proper identification of newborn with mother and significant other.
- n. Ensure placement of infants into infant security system.
- o. Assume responsibility for care rendered to patients in accordance with Medical Center policies and procedures.

DOCUMENTATION:

All tests and treatments performed, medications given, and care provided will be documented in the Nursing Flow Sheet and in ORSOS, when applicable.

References: PAC-LAC Prenatal and Intrapartum Protocols	
Approved by: Marci Hamilton (Clinical Nurse Director)	Date: 03/13/2012
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