

PROCEDURE FOR: Amniocentesis

PURPOSE: To provide safe nursing care during and after the amniocentesis.

POLICY: Amniocentesis is performed in Labor & Delivery to assess fetal lung maturity, establish rupture of membranes, rule out infection, evaluate fetal well-being, or evaluate for chromosomal abnormalities.

- EQUIPMENT:
1. Amniocentesis kit
 2. #20 or #22 Gauge 3.5 or 6 inch spinal needle
 3. Lidocaine 1% (optional)
 4. Ice if for L/S ratio
 5. Laboratory requisition form
 6. Electronic Fetal Monitor
- * If amniocentesis is to rule out spontaneous rupture of membranes (SROM) add:
- a.) Indigo Carmine
 - b.) #20 or #22 gauge needle
 - c.) 12 cc syringe
 - d.) Tampon
- * If amniocentesis is for twins add:
- a.) Additional spinal needle
 - b.) Indigo Carmine
 - c.) #20 or #22 gauge needle
 - d.) 12 cc syringe
- * If amniocentesis is for genetics add:
- a.) Two or more plastic centrifuge tubes with orange plug seal caps
 - b.) A copy of the patients insurance card or 'face sheet' with insurance information on it

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- DOCUMENTATION: 1. Document time of procedure on appropriate flow sheet.
2. Fetal heart rate (FHR) baseline and uterine activity (UA) baseline should be documented both before and after the procedure on the appropriate flow sheet.

PROCEDURE:

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Explain procedure to patient. Give support as needed.	1. Written consent must be obtained by MD.
2. Position patient in low Fowlers or dorsal recumbent position with hip roll.	
3. Place the patient on the fetal monitor.	3. A minimum tracing of 20 minutes before and after the procedure should be obtained to establish fetal and uterine status.
4. Obtain vital signs.	
5. When ready, remove the fetal monitor and assist the physician as needed with the procedure.	
6. Label the specimens with patient's TOO# and the patient's name.	
7. Re-apply the fetal monitor after the procedure to document FHR and UA post-procedure.	7. A minimum tracing of 20 minutes should be recorded following amniocentesis.
8. Complete lab requisition.	8. Include the gestational age and diagnosis, TOO#, attending physician and reason for testing.
a. For L/S ratio place specimen in a red top tube, place on ice and transfer to lab.	a. Fluid must be sent to lab by 11:00 A.M. if an L/S ratio result is to be completed by that evening.
b. For Delta O/D 450 place in red top tube and <i>immediately</i> wrap tube in aluminum foil from amnio kit.	b. Bilirubin in amniotic fluid breaks down if exposed to light
c. To rule out SROM place a tampon in the vagina after the procedure. Encourage ambulation after completion of fetal monitoring. Remove the tampon after a minimum of two hours. Inspect for color change.	
d. For genetics specimens, no ice is required. A minimum of 25 cc of	d. If the specimen is bloody a FISH cannot be done because

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amniotic fluid is required. Transfer the fluid from the syringes into the centri-fuge tubes (with orange plug seal caps). Label the tubes with the sticker going lengthwise taking care not to cover the numbers on the tube. Send the fluid to central processing (same as for all lab specimens).

of maternal cell contaminations.

*Fill out a cytogenetics requisition form.

*In the "Indication for Test" area under "Additional Clinical Information", please note if there is an intrauterine fetal demise (IUFD) / if the patient had an amnioinfusion / if labor is being induced / or any other relevant clinical information.

* Make a copy of the patient's insurance card or a copy of the "face sheet" containing insurance information and send it along with the completed requisition, to the lab with the amniotic fluid sample.

Questions or problems, call the cytogenetics lab at X 2469 Or call one of the genetics counselors at X 4893.

REFERENCES: Nursing Standards Committee

CREDENTIALS: RN

EFFECTIVE DATE: 5/79

REVISION DATE(S): 8/93, 6/02, 1/04, 6/04, 1/09