

PROCEDURE FOR: Amnioinfusion: Assistance with

PURPOSE: Amnioinfusion may be used to increase intrauterine amniotic fluid volume in an attempt to:

1. alleviate severe variable decelerations indicative of umbilical cord compression
2. alleviate stress to the fetus from severe variable decelerations
3. dilute thick meconium in an attempt to decrease the risk of meconium aspiration

- POLICY:
1. An amnioinfusion is performed in L&D upon physician order.
 2. In preparation for the procedure, the patient with ruptured membranes will have an intrauterine pressure catheter placed by the physician.
 3. An RN or MD will regulate the amnioinfusion.
 4. The patient will have an intrauterine pressure catheter with amnio infusion port and either internal or external fetal heart rate monitor throughout the procedure.
 5. The infusion will be immediately discontinued for cord prolapse, fetal bradycardia or uterine hypertonus.

EQUIPMENT: Intrauterine pressure catheter (IUPC) and transducer cable
Normal saline solution (0.9%)
IV tubing
Extension tubing (optional)
Blood/fluid warmer and tubing (optional)
Sterile towels
Sterile gloves
Waterproof underpads

- DOCUMENTATION:
1. Document the amount and character of the fluid drainage.
 2. Document on the flowsheet per Department of Nursing standards.

PROCEDURE:

- | <u>ACTION</u> | <u>POINTS OF EMPHASIS</u> |
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| 1. Prior to the amnioinfusion, place the patient on the fetal monitor. | 1. Refer to protocols and procedures for Fetal Heart Rate/Uterine Activity Monitoring. |
| 2. Explain the procedure to the patient, and significant other if present. | |

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| 3. Assist the physician with placement of the intrauterine catheter (IUPC). | 3. Refer to procedure: Monitoring: Internal Uterine Activity. |
| 4. Following manufacturer's instructions, place the blood/fluid warmer tubing into the blood/fluid warmer (if desired). | 4. Utilizing the blood/fluid warmer is optional. |
| 5. Attach the normal saline solution to the IV tubing and connect to the blood/fluid warmer tubing. For flexibility at the IUPC connection site an extension may be added to the distal end of the warmer tubing. Open the clamps and purge the system of air. | |
| 6. Attach the tubing to the port on the IUPC. | |
| 7. Infuse saline per physician order. Change underpads frequently. The patient will lose much of the fluid that is infused. | 7. Generally a bolus of 10cc per minute is given for 1 hour (600cc) and then maintained at 3cc/min (180cc/hr). Rebolusing may be necessary per physician order. |

REPORTABLE

- CONDITIONS:
1. Fetal bradycardia.
 2. Cord prolapse.
 3. Continued deceleration pattern after one hour.
 4. Vaginal bleeding.
 5. Severe abdominal pain.
 6. Uterine hypertonus

APPROVAL: L&D Standards Committee
Nursing Standards Committee

CREDENTIALS: RN, MD

EFFECTIVE DATE: 1/92

REVISION DATES: 10/94, 3/97, 6/02, 2/04

REVIEWED DATES: 2/09