



Acute Induction of Labour (IOL) Bookings required within 48 hours

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct patient label

Referring doctor to complete form and hand to Ward Clerk of L&BS or WAU as appropriate

SMO on call for L&BS has approved IOL request to be started within 24-48 hours

Name of SMO: _____

Today's date	
Requested date for IOL	
Requested time for IOL	
Name of Referring Doctor	

Indication for Acute IOL

- ↓ fetal movements
- ↓ liquor volume
- Abnormal CTG or BPP
- IUD
- Preeclampsia
- Prolonged latent phase
- Rupture of membranes, pre-labour
- SGA (new diagnosis)
- TOP
- Other _____

Location	Method
<input type="checkbox"/> WAU <input type="checkbox"/> L& BS <input type="checkbox"/> HDU	<input type="checkbox"/> PGs <input type="checkbox"/> Balloon <input type="checkbox"/> ARM <input type="checkbox"/> Syntocinon

ADHB IOL pamphlet provided

To start IOL: LMC Hospital MW **Care in labour:** LMC Hospital MW

Ward clerk use
 Scheduled in Chips Whiteboard



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CR2252