

Patient details  
sticker

## Booking form for outpatient IOL

Date:	Gravida	Para
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Gestation:

Confirm that indication for IOL is Post-dates (please tick box)

Decision by Name:

Designation:

Membrane sweep:          Accepted          Declined

Date:	Bishop score:	Done by:
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Date:	Bishop score:	Done by:
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**Risk checklist completed:** **(tick)**

No significant active medical disorders (e.g. asthma, epilepsy, hypertension, pre-eclampsia, cardiac, renal and liver disease or glaucoma)	
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No previous uterine surgery	
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No bleeding after 20 weeks gestation	
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No complications in this or previous pregnancies	
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No abnormal vaginal loss since last appointment	
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SFH within normal limits and along centile	
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Allergies:          None Known          Other:

Recent Bloods date:          Hb:          Platelets:

**Fetal movements:**

Normal          Reduced          Excessive

**If movements reduced or excessive NOT for outpatient IOL**

**Maternal observations:**

BP:          /          Pulse:          Temperature:          Urinalysis:

Ensure all observations are normal

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**Fetal assessment:**

Longitudinal lie       Cephalic       Fetal head palpable      /5

CTG meeting Dawes Redmond Criteria   Y    N

Bishops score:

**Pre-requisites for outpatient IOL (please tick)**

Ability to return to the hospital within 30 minutes by own transport     

Good understanding of English and access to a telephone     

Competent adult staying with the woman during the induction period     

Able to remove Propess herself if necessary     

Leaflet given     

IOL booked in IOL diary     

Consent     

Date and time of admission:

Gestation on date of admission:

Patient contact number:

Signature:      Print name:

Designation: