

# Outpatient Cervical Ripening: Telephone Call-back Form

PATIENT IDENTIFICATION  
INFORMATION

## Foley

ASSESSMENT	(Y/N)	Comment		
Have you had regular contractions for more than 1 hour?				
Have you had more than 5 contractions within 10 minutes?				
Have you had any contractions that have lasted 90 sec. or longer?				
If you are contracting, how painful are your contractions on a scale of 0-10 (VAS: 0-10)?				
Can you talk through your contractions? Do you need to breathe through them?				
Have you had any vaginal bleeding?				
Is your baby moving as much as usual?				
Is the Foley still in place?				
Do you have any other concerns or questions about what to do?				
ACTION TAKEN	(Y/N)			
Told to return to hospital				
Clarification, reassurance provided and reviewed comfort measures				
Informed of time to call back for next telephone/triage assessment				
<b>Follow-up plan of care / Comments:</b>				
PRINTED NAME	DESIGNATION	SIGNATURE	DATE (YYYY/MM/DD)	TIME (HHMM)

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**PGE2 (Cervidil® and Prostin)**

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Have you had any vaginal bleeding?				
Is your baby moving as much as usual?				
<b>If Cervidil® was used only:</b> Is the Cervidil® insert still in place?				
Do you have any other concerns or questions about what to do?				
ACTION TAKEN	(Y/N)			
Told to return to hospital				
Told to pull Cervidil® insert out and come to hospital				
Clarification, reassurance provided and reviewed comfort measures				
Informed of time to call back for next telephone/triage assessment				
<b>Follow-up plan of care / Comments:</b>				
PRINTED NAME	DESIGNATION	SIGNATURE	DATE (YYYY/MM/DD)	TIME (HHMM)

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