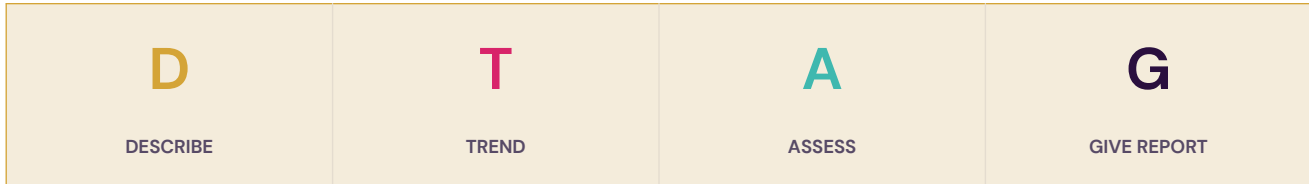


Cat II Decision Tree

A one-page mental flow for Category II fetal tracings — describe, trend, assess, act, give report.



Use this when the strip starts acting brand new. Run the 5 questions in order. Supplemental nurse-to-nurse reference — not a substitute for AWHONN, facility policy, provider orders, or your clinical judgment.

1. DESCRIBE — What do I SEE?

Baseline · Variability · Accels · Decels · Contractions. Say the facts first. Out loud: “Baseline 150s, minimal variability ×20 min, no accels, recurrent late decels, contractions q2 min.” Structure first — panic second.

2. TREND — Better, worse, or unchanged?

Compare to 15 and 30 min ago and to any intervention. Drop the word *bad*. Use change-words: “moved from moderate to minimal,” “becoming more frequent,” “drifting up from 150s to 170s,” “improved after reposition + decreased pit per protocol.”

3. ASSESS — What is the PATIENT doing?

Mom + uterus + baby together. VS · fever · pain · recent epidural · BP · tachysystole · bleeding · ROM · labor progress · meds. The monitor doesn’t live in a vacuum — neither does your decision.

4. ACT — What can I do right now within policy?

Match the action to the picture, not the panic. Reposition · IV fluids (if indicated) · O2 per policy · adjust or pause oxytocin per protocol · evaluate uterine activity · call charge · call provider · prep for next step. **Hope is not an intervention.**

5. GIVE REPORT — Who needs to know, and exactly what am I saying?

SBAR. Tight. No apology. **S** who/why · **B** gestation, labor status, risk, meds · **A** your D-TAG description + change · **R** exactly what you need.

STOP ACTING SHY AND ESCALATE PROMPTLY IF:

Cat II is worsening or not improving, the maternal-fetal picture is concerning, decels are recurrent, variability is decreasing, tachysystole is present, or your gut says **get help**. Follow facility policy, provider direction, chain of command, and scope of practice every time.

Clinical disclaimer. Original supplemental nurse-to-nurse education only. Not medical advice, not formal fetal-monitoring training, and not a substitute for AWHONN education, certification prep, facility policy, provider direction, competency validation, or your clinical judgment.