What Would You Do Next? Managing Category II in Real Time: Learner Worksheet

Learning Objectives

By the end of this session, I can:

□ Classify fetal heart rate tracings using NICHD three-tier language
□ Recognize higher-risk and protective features within Category II
□ Match intrauterine resuscitation to the likely cause
□ Use Describe → Assess → Act → Reassess → Escalate
□ Communicate concern using SBAR and a Category II safety huddle

Part 1 — Warm-up: What Makes Category II Challenging?

Which Category II pattern trips you up most?: _____
When Category II appears, what is usually your first move? _____
What detail must be included when you call the provider? _____
How confident do you feel with Category II right now? Circle one: 1 2 3 4 5

Part 2 — Read the Tracing: One-Sentence Description

Complete your bedside read:

Baseline: _____ bpm
Variability: ☐ absent ☐ minimal ☐ moderate ☐ marked
Accelerations: ☐ present ☐ absent
Decelerations: ☐ early ☐ late ☐ variable ☐ prolonged Frequency: _____
Contractions: _____ in 10 minutes ☐ tachysystole ☐ no tachysystole
Category: ☐ I ☐ II ☐ III

One-sentence description:
Baseline _____ with _____ variability, _____ accelerations, _____ decelerations, and contractions every ____ minutes; this is Category _____.

Part 3 — Sort the Features

Place each feature in the column where it belongs.

Higher-risk features
1. _____
2. _____
3. _____

Protective features
1. _____
2. _____
3. _____

Feature that most changes urgency: _____

Part 4 — Pick an Algorithm and Work the Clock

Choose your pathway: ☐ **Clark** ☐ **Shields**

First question I will ask: _____

Protective feature present? ☐ yes ☐ no

Significant recurrent decelerations? ☐ yes ☐ no

My reassessment clock: every _____ minutes

If not improved by _____ minutes, we will: _____

Part 5 — Match Cause to Intervention

Match the concern to your first move:

1. Recurrent late decels

Likely cause: _____

First move: _____ Recheck: _____ min

2. Recurrent variable decels

Likely cause: _____

First move: _____ Recheck: _____ min

3. FHR change with hypotension

Likely cause: _____

First move: _____ Recheck: _____ min

4. Tachysystole with FHR changes

Likely cause: _____

First move: _____ Recheck: _____ min

Part 6 — Interactive Case: Bedside Plan

Case snapshot: G3P2, 7 cm, membranes ruptured about 2 hours ago with clear fluid, Pitocin 8 mU/min, epidural in place, history of preeclampsia without severe features, BPs within normal limits during labor.

1. What do you see on the tracing? Baseline, variability, accelerations, decelerations, contractions:

_____

2. Which algorithm will you use for this case? ☐ Clark ☐ Shields Why?

_____

3. Pick your first two moves, in order:

_____

4. What is your reassessment clock?

_____

5. What will trigger escalation?

_____

Part 7 — Practice the Words

Patient and family language

"I'm going to _____, _____, and _____ to help your baby get more oxygen. We will recheck in _____ minutes."

Provider SBAR language

S: _____

B: _____

A: _____

R: If no improvement in _____ minutes, I recommend _____.

Part 8 — Take it Back to the Bedside

★ **Key bedside takeaway:** When a Category II tracing appears, move beyond naming the pattern. Describe what you see, assess risk and protective features, act on the likely cause, reassess on a clear clock, and escalate early if the tracing does not improve.

Describe → Assess → Act → Reassess → Escalate

My bedside reminder: Start the clock, close the loop, and escalate early when improvement does not occur.

My strongest takeaway from this webinar: _____

_____

One phrase I will use during the next Category II huddle: _____

_____

One action I will do sooner: _____

_____

One question I still have: _____

_____