

Cat II Decision Tree

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

D
DESCRIBE

T
TREND

A
ACT

G
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 x20 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.

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.