

General

Admission or Observation (Single Response) (Selection Required)

Do not use Outpatient Observation Services Under General Supervision order for patients who are receiving Outpatient TRIAGE services.

<input type="checkbox"/> Admit to L&D	Admitting Physician: Diagnosis: Level of Care: Antepartum Bed request comments: Scheduling/ADT
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT

Admission or Observation (Single Response)

Patient has active status order on file

<input type="checkbox"/> Admit to L&D	Admitting Physician: Diagnosis: Level of Care: Antepartum Bed request comments: Scheduling/ADT
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT

Code Status

<input checked="" type="checkbox"/> Full code	Code Status decision reached by: Patient by means of Oral Directive
<input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required)	
<input type="checkbox"/> DNR (Do Not Resuscitate)	Does patient have decision-making capacity? L&D Pre-Delivery
<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult: L&D Pre-Delivery
<input type="checkbox"/> Modified Code	Does patient have decision-making capacity? Modified Code restrictions: L&D Pre-Delivery
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: L&D Pre-Delivery

Isolation

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, L&D Pre-Delivery
<input type="checkbox"/> Contact isolation status	Details

<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

Precautions

<input type="checkbox"/> Aspiration precautions	L&D Pre-Delivery
<input type="checkbox"/> Fall precautions	Increased observation level needed: On Admission and every 8 hours, L&D Pre-Delivery
<input type="checkbox"/> Latex precautions	L&D Pre-Delivery
<input type="checkbox"/> Seizure precautions	Increased observation level needed: L&D Pre-Delivery

Common Present on Admission Diagnosis

<input type="checkbox"/> Acidosis	L&D Pre-Delivery
<input type="checkbox"/> Acute Post-Hemorrhagic Anemia	L&D Pre-Delivery
<input type="checkbox"/> Acute Renal Failure	L&D Pre-Delivery
<input type="checkbox"/> Acute Respiratory Failure	L&D Pre-Delivery
<input type="checkbox"/> Acute Thromboembolism of Deep Veins of Lower Extremities	L&D Pre-Delivery
<input type="checkbox"/> Anemia	L&D Pre-Delivery
<input type="checkbox"/> Bacteremia	L&D Pre-Delivery
<input type="checkbox"/> Bipolar disorder, unspecified	L&D Pre-Delivery
<input type="checkbox"/> Cardiac Arrest	L&D Pre-Delivery
<input type="checkbox"/> Cardiac Dysrhythmia	L&D Pre-Delivery
<input type="checkbox"/> Cardiogenic Shock	L&D Pre-Delivery
<input type="checkbox"/> Decubitus Ulcer	L&D Pre-Delivery
<input type="checkbox"/> Dementia in Conditions Classified Elsewhere	L&D Pre-Delivery
<input type="checkbox"/> Disorder of Liver	L&D Pre-Delivery
<input type="checkbox"/> Electrolyte and Fluid Disorder	L&D Pre-Delivery
<input type="checkbox"/> Intestinal Infection due to Clostridium Difficile	L&D Pre-Delivery
<input type="checkbox"/> Methicillin Resistant Staphylococcus Aureus Infection	L&D Pre-Delivery
<input type="checkbox"/> Obstructive Chronic Bronchitis with Exacerbation	L&D Pre-Delivery
<input type="checkbox"/> Other Alteration of Consciousness	L&D Pre-Delivery
<input type="checkbox"/> Other and Unspecified Coagulation Defects	L&D Pre-Delivery
<input type="checkbox"/> Other Pulmonary Embolism and Infarction	L&D Pre-Delivery
<input type="checkbox"/> Phlebitis and Thrombophlebitis	L&D Pre-Delivery
<input type="checkbox"/> Protein-calorie Malnutrition	L&D Pre-Delivery
<input type="checkbox"/> Psychosis, unspecified psychosis type	L&D Pre-Delivery
<input type="checkbox"/> Schizophrenia Disorder	L&D Pre-Delivery
<input type="checkbox"/> Sepsis	L&D Pre-Delivery
<input type="checkbox"/> Septic Shock	L&D Pre-Delivery
<input type="checkbox"/> Septicemia	L&D Pre-Delivery
<input type="checkbox"/> Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	L&D Pre-Delivery
<input type="checkbox"/> Urinary Tract Infection, Site Not Specified	L&D Pre-Delivery
<input type="checkbox"/> Present on Admission-History of preterm premature rupture of membranes	L&D Pre-Delivery

Nursing

Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges L&D Pre-Delivery
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges Privileges for bowel movement only, L&D Pre-Delivery
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated L&D Pre-Delivery

<input type="checkbox"/> Patient may shower	Routine, Daily Specify: Additional modifier: L&D Pre-Delivery
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Vital Signs

<input type="checkbox"/> Vital signs	Routine, Every 4 hours, L&D Pre-Delivery
<input type="checkbox"/> Vital signs	Routine, Every 8 hours, L&D Pre-Delivery
<input type="checkbox"/> Measure blood pressure	Routine, Every 15 min Serial blood pressures every 15 minutes x *** then every *** hours, L&D Pre-Delivery

Nursing Care

<input type="checkbox"/> Daily weights	Routine, Daily, L&D Pre-Delivery
<input type="checkbox"/> Toileting - Bedside commode	Routine, Until discontinued, Starting S Specify: Bedside commode Additional modifier: L&D Pre-Delivery
<input type="checkbox"/> Intake and output	Routine, Every 8 hours, L&D Pre-Delivery
<input type="checkbox"/> Strict intake and output	Routine, Every hour, L&D Pre-Delivery
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: L&D Pre-Delivery
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain L&D Pre-Delivery
<input type="checkbox"/> Sterile vaginal exam	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Monitor fetal heart tones	Routine, Every shift Type: For 1 hour every shift, L&D Pre-Delivery
<input type="checkbox"/> Monitor fetal heart tones	Routine, Daily Type: Every day with Doppler, L&D Pre-Delivery
<input type="checkbox"/> Monitor fetal heart tones	Routine, Continuous Type: Continuous L&D Pre-Delivery
<input type="checkbox"/> Fetal nonstress test	Routine, Every shift, L&D Pre-Delivery
<input type="checkbox"/> Tocometry	Routine, Until discontinued, Starting S Type: Continuous L&D Pre-Delivery

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: L&D Pre-Delivery
<input type="checkbox"/> NPO with ice chips	Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options: 1/2 cup per hour, L&D Pre-Delivery
<input type="checkbox"/> Diet - Clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: L&D Pre-Delivery

<input checked="" type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: L&D Pre-Delivery
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Consent

<input checked="" type="checkbox"/> Complete Consent Form	Routine, Once Consent For: Delivery Procedure: Vaginal delivery of fetus and placenta with possible cesarean section, possible episiotomy, possible use of vacuum/forceps, and possible use of blood products. Diagnosis/Condition: Physician: L&D Pre-Delivery
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IV Fluids

Maintenance IV Fluids

<input checked="" type="checkbox"/> lactated ringers bolus	intravenous, once, For 1 Doses, L&D Pre-Delivery
<input checked="" type="checkbox"/> lactated Ringer's infusion	125 mL/hr, intravenous, continuous, L&D Pre-Delivery
<input type="checkbox"/> dextrose 5 % and lactated Ringer's infusion	125 mL/hr, intravenous, continuous, L&D Pre-Delivery
<input type="checkbox"/> sodium chloride 0.45 % infusion	125 mL/hr, intravenous, continuous, L&D Pre-Delivery

Peripheral IV Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once, L&D Pre-Delivery
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled, L&D Pre-Delivery if IV is saline locked
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care, L&D Pre-Delivery

Medications

Medications

<input type="checkbox"/> betamethasone acet & sod phos (CELESTONE) injection	12 mg, intramuscular, every 24 hours, For 2 Doses, L&D Pre-Delivery
<input type="checkbox"/> multivitamin prenatal	1 tablet, oral, daily, L&D Pre-Delivery
<input type="checkbox"/> ferrous sulfate tablet	325 mg, oral, daily, L&D Pre-Delivery

Antibiotics

Please select the appropriate indication(s):

<input type="checkbox"/> Asymptomatic Bacteriuria or Acute Cystitis (Single Response)	
<input type="checkbox"/> nitrofurantoin (MACRODANTIN) capsule - USE ONLY DURING SECOND OR THIRD TRIMESTER	100 mg, oral, 2 times daily, L&D Pre-Delivery USE ONLY DURING SECOND OR THIRD TRIMESTER. Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital
<input type="checkbox"/> cefuroxime (CEFTIN) tablet	500 mg, oral, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital
<input type="checkbox"/> fosfomycin (MONUROL) packet	3 g, oral, once, For 1 Doses, L&D Pre-Delivery Reason for Therapy: Bacterial Infection Documented Indication: Uro/Genital
<input type="checkbox"/> cefpodoxime (VANTIN) tablet	100 mg, oral, every 12 hours, L&D Pre-Delivery Reason for Therapy: Bacterial Infection Documented Indication: Uro/Genital

Acute Pyelonephritis (Single Response)

Does your patient have a SEVERE penicillin or cephalosporin allergy ?

No (Single Response)

cefTRIAxone (ROCEPHIN) IV 1 g, intravenous, for 30 Minutes, every 24 hours, L&D Pre-Delivery
Reason for Therapy: Bacterial Infection Documented
Indication: Uro/Genital

ceFEPime (MAXIPIME) IV 1 g, intravenous, every 8 hours, L&D Pre-Delivery
Reason for Therapy: Bacterial Infection Documented
Indication: Uro/Genital

If history of multi-drug resistant infection, severe pyelonephritis with an impaired immune system and/or incomplete urinary drainage (Single Response)

piperacillin-tazobactam (ZOSYN) IV 3.375 g, intravenous, every 6 hours, L&D Pre-Delivery
Reason for Therapy: Bacterial Infection Suspected
Indication: Uro/Genital

meropenem (MERREM) IV 500 mg, intravenous, every 6 hours, L&D Pre-Delivery
Reason for Therapy: Bacterial Infection Suspected
Indication: Uro/Genital

Yes (Single Response)

aztreonam (AZACTAM) IV 1 g, intravenous, every 8 hours, L&D Pre-Delivery
Reason for Therapy: Bacterial Infection Documented
Indication: Uro/Genital

Gastrointestinal Care

docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily, L&D Pre-Delivery

sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet 1 tablet, oral, nightly PRN, constipation, L&D Pre-Delivery

aluminum-magnesium hydroxide (MAALOX) suspension 30 mL, oral, 3 times daily with meals, L&D Pre-Delivery

calcium carbonate (TUMS) chewable tablet 500 mg, oral, 3 times daily, L&D Pre-Delivery

Tocolytic

Option 1: terbutaline (BRETHINE) IV Initial Doses and Oral Maintenance Dose **"Followed by" Linked Panel**

Initial Doses - terbutaline (BRETHINE) injection - 1st dose 0.25 mg, subcutaneous, once, For 1 Doses, L&D Pre-Delivery
Stop at second dose if effective. Hold if maternal heart rate is GREATER than 120.

terbutaline (BRETHINE) injection - 2nd dose 0.25 mg, subcutaneous, once, Starting H+20 Minutes, For 1 Doses, L&D Pre-Delivery
Stop at second dose if effective. Hold if maternal heart rate is GREATER than 120.

terbutaline (BRETHINE) injection - 3rd dose 0.25 mg, subcutaneous, once, Starting H+40 Minutes, For 1 Doses, L&D Pre-Delivery
Hold if maternal heart rate is GREATER than 120.

Maintenance Dose - terbutaline (BRETHINE) tablet 5 mg, oral, every 4 hours, Starting H+41 Minutes, L&D Pre-Delivery
Hold if maternal heart rate is GREATER than 120.

NIFEdipine (PROCARDIA) capsule 10 mg, oral, every 4 hours PRN, high blood pressure, for Tocolysis, L&D Pre-Delivery
Maximum Dose of 160 mg/day.
HOLD parameters for this order: Hold Parameters requested
HOLD for: Systolic BP LESS than 100 mmHg
HOLD for:
Contact Physician if:

albuterol (PROVENTIL) nebulizer solution 2.5 mg, nebulization, every 4 hours PRN, wheezing, shortness of breath, L&D Pre-Delivery
Aerosol Delivery Device:

Antihypertensives

<input type="checkbox"/> methyldopa (ALDOMET) tablet	250 mg, oral, every 8 hours scheduled, L&D Pre-Delivery HOLD parameters for this order: Hold Parameters requested HOLD for: Systolic BP LESS than 100 mmHg,Heart Rate LESS than 50 bpm HOLD for: Heart Rate LESS than 50 bpm Contact Physician if:
<input type="checkbox"/> labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily at 0600, 1800, L&D Pre-Delivery HOLD parameters for this order: Hold Parameters requested HOLD for: Systolic BP LESS than 100 mmHg,Heart Rate LESS than 50 bpm HOLD for: Contact Physician if: Systolic BP GREATER than or EQUAL to 160 mmHg or Diastolic BP GREATER than 100 mmHg.
<input type="checkbox"/> NIFEdipine XL (PROCARDIA XL) 24 hr tablet	30 mg, oral, daily, L&D Pre-Delivery HOLD parameters for this order: Hold Parameters requested HOLD for: Systolic BP LESS than 100 mmHg HOLD for: Contact Physician if: Systolic BP GREATER than or EQUAL to 160 mmHg or Diastolic BP GREATER than 100 mmHg.

magnesium sulfate Bolus and Maintenance Options (Single Response)

DISCONTINUE INFUSION IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

<input type="checkbox"/> Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate, oliguria (less than 35 milliliters/hour), shortness of breath or tightness in chest	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/> Magnesium Level	Once After loading dose (MD to enter repeat order information), L&D Pre-Delivery
<input type="checkbox"/> Magnesium Level	Once (MD to enter repeat order information), L&D Pre-Delivery

magnesium sulfate 4 gm Loading and Maintenance Infusion

DISCONTINUE INFUSION IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

<input type="checkbox"/> Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate, oliguria (less than 35 milliliters/hour), shortness of breath or tightness in chest	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/> Magnesium level	Once After loading dose (MD to enter repeat order information), L&D Pre-Delivery
<input type="checkbox"/> Magnesium level	Once (MD to enter repeat order information), L&D Pre-Delivery
<input type="checkbox"/> magnesium sulfate 4 gm IV Loading Dose + Maintenance infusion	"Followed by" Linked Panel
<input type="checkbox"/> Loading Dose - magnesium sulfate 4 grams IV bolus from bag	4 g, intravenous, for 30 Minutes, once, For 1 Doses Loading Dose - Bolus from Bag
<input type="checkbox"/> Maintenance Dose - magnesium sulfate IV	intravenous, continuous, Starting H+30 Minutes, L&D Pre-Delivery

magnesium sulfate 6 gm Loading and Maintenance Infusion

DISCONTINUE INFUSION IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

<input type="checkbox"/>	Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate, oliguria (less than 30 milliliters/hour), shortness of breath or tightness in chest	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/>	Magnesium level	Once After loading dose (MD to enter repeat order information), L&D Pre-Delivery
<input type="checkbox"/>	Magnesium level	Once (MD to enter repeat order information)
<input type="checkbox"/>	magnesium sulfate 6 gm IV Loading Dose + Maintenance infusion	"Followed by" Linked Panel
<input type="checkbox"/>	Loading Dose - magnesium sulfate 6 grams IV bolus from bag	6 g, intravenous, for 30 Minutes, once, For 1 Doses Loading Dose - Bolus from Bag
<input type="checkbox"/>	Maintenance Dose - magnesium sulfate IV	intravenous, continuous, Starting H+30 Minutes, L&D Pre-Delivery

Medications PRN

PRN Medications

<input checked="" type="checkbox"/>	PRN Antipyretics (Single Response)	
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	oral, every 6 hours PRN, fever, For temperature GREATER than 100.3, L&D Pre-Delivery
<input checked="" type="checkbox"/>	PRN Antihypertensives	
<input type="checkbox"/>	For blood pressure GREATER than or EQUAL to 160mmHg - labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily PRN, high blood pressure, L&D Pre-Delivery For Systolic blood pressure GREATER than or EQUAL to 160mmHg. DO NOT give incremental dosing as this will compromise fetal circulation. HOLD parameters for this order: Contact Physician if: Systolic BP GREATER than 160mmHg and Diastolic BP GREATER than 110 mmHg
<input type="checkbox"/>	hydrALAZINE (APRESOLINE) tablet	5 mg, oral, every 6 hours PRN, high blood pressure, L&D Pre-Delivery For blood pressure GREATER than 160 mmHg. DO NOT give incremental dosing as this will compromise fetal circulation. HOLD parameters for this order: Contact Physician if:
<input checked="" type="checkbox"/>	PRN Gastrointestinal Care	
<input type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, nightly PRN, constipation, L&D Pre-Delivery
<input type="checkbox"/>	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, L&D Pre-Delivery
<input type="checkbox"/>	alum-mag hydroxide-simeth (MAALOX MAX) 400-400-40 mg/5 mL suspension	30 mL, oral, every 3 hours PRN, indigestion, L&D Pre-Delivery

Antiemetics - HMM, HMSJ, HMW, HMSTC, HMTW Only

<input checked="" type="checkbox"/>	ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/>	ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/>	ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/>	promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input checked="" type="checkbox"/>	promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/>	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/>	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSL, HMWB Only

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSTJ Only

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Insomnia: Zolpidem (Single Response)

(X) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, L&D Pre-Delivery
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VTE**DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)**

URL: "\appt1.pdf"

() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk factors	
[] Low Risk (Single Response) (Selection Required) () Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
() MODERATE Risk of DVT - Surgical (Selection Required)	

Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis **"And" Linked Panel**

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600, Starting S+1

patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 0600, Starting S+1
For Patients with CrCL LESS than 30 mL/min

patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1
Indication:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S
Indication:

MODERATE Risk of DVT - Non-Surgical (Selection Required)

Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis - **"And" Linked Panel**
Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

Contraindications exist for pharmacologic prophylaxis **"And" Linked Panel**
AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700, Starting S

patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 1700, Starting S
For Patients with CrCL LESS than 30 mL/min

patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

warfarin (COUMADIN) tablet oral, daily at 1700
Indication:

<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700, Starting S

patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 1700, Starting S
For Patients with CrCL LESS than 30 mL/min

patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

warfarin (COUMADIN) tablet oral, daily at 1700
Indication:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

() Place/Maintain sequential compression device continuous

Routine, Continuous

Labs

Hematology/Coagulation

<input type="checkbox"/>	CBC	Once, L&D Pre-Delivery
<input type="checkbox"/>	CBC with differential	Once, L&D Pre-Delivery
<input type="checkbox"/>	D-dimer, quantitative	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fibrinogen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Prothrombin time with INR	Once, L&D Pre-Delivery
<input type="checkbox"/>	Partial thromboplastin time	Once, L&D Pre-Delivery

Chemistry HMH

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	HIV Ag/Ab combination	Once, L&D Pre-Delivery
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input type="checkbox"/>	POC Amnisure	Once, L&D Pre-Delivery
<input type="checkbox"/>	Syphilis total antibody	Once, L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and Screen, Obstetrical Patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery

Chemistry HMWB

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	HIV 1, 2 antibody	Once, L&D Pre-Delivery
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input type="checkbox"/>	POC Amnisure	Once, L&D Pre-Delivery
<input type="checkbox"/>	Syphilis total antibody	Once, L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and Screen, Obstetrical Patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery

<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery
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Chemistry HMSL HMW

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fern test	Once, Vaginal fluid, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Rapid HIV 1 & 2	Once, L&D Pre-Delivery
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input type="checkbox"/>	Syphilis total antibody	Once, L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and Screen, Obstetrical Patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery

Chemistry HMSJ, HMTW

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fern test	Once, Vaginal fluid, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	HIV 1, 2 antibody	Once, L&D Pre-Delivery
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and Screen, Obstetrical Patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery

Chemistry - HMSTJ

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery

<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fern test	Once, Vaginal fluid, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	HIV 1, 2 antibody	Once, L&D Pre-Delivery
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and Screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery

Microbiology

<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: L&D Pre-Delivery
<input type="checkbox"/>	Neisseria gonorrhoeae by PCR	Once Urine is the only acceptable source for patients less than or equal to 13 years old. Specimen source: Urine Specimen Source: Specimen Site: L&D Pre-Delivery
<input type="checkbox"/>	Chlamydia trachomatis by PCR	Once Urine is the only acceptable source for patients less than or equal to 13 years old. Specimen source: Urine Specimen Source: Specimen Site: L&D Pre-Delivery
<input type="checkbox"/>	Beta Strep Screen Culture with Lim Broth	Once, Vaginal, L&D Pre-Delivery

Pre-Eclamptic Lab Panel

<input type="checkbox"/>	Pre-Eclamptic Lab Panel	
<input type="checkbox"/>	CBC with differential	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Prothrombin time with INR	Once, L&D Pre-Delivery
<input type="checkbox"/>	Partial thromboplastin time	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fibrinogen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	LDH	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine Protein and Creatinine	
<input type="checkbox"/>	Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery

24 Hour urine

<input checked="" type="checkbox"/>	Creatinine clearance, urine, 24 hour	Once, L&D Pre-Delivery
<input checked="" type="checkbox"/>	Protein, urine, 24 hour	Once, L&D Pre-Delivery

Imaging

Ultrasound

<input type="checkbox"/>	US Fetal Biophysical Profile	Routine, 1 time imaging For 1 , L&D Pre-Delivery
<input type="checkbox"/>	US Pregnancy Greater Than 14 Weeks	Routine, 1 time imaging For 1 , L&D Pre-Delivery
<input type="checkbox"/>	Ultrasound OB limited 1 + fetuses	Routine, 1 time imaging For 1 , L&D Pre-Delivery

Consults

For Physician Consult orders use sidebar

Physician Consults

<input type="checkbox"/> Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="checkbox"/> Consult Maternal and Fetal Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="checkbox"/> Consult Neonatology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery

Ancillary consults

<input type="checkbox"/> Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: L&D Pre-Delivery
<input type="checkbox"/> Consult to Social Work	Reason for Consult: L&D Pre-Delivery
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? L&D Pre-Delivery