

Default Phase of Care: Postpartum

General

Precautions

Fall precautions

Comments: On Admission and every 8 hours  
Process Instructions:  
Phase of Care:

Questions:

Increased observation level needed:  Yes  No

Latex precautions

Comments:  
Process Instructions:  
Phase of Care:

Seizure precautions

Comments: Initiate seizure/ PIH precautions  
Process Instructions:  
Phase of Care:

Questions:

Increased observation level needed:  Yes  No

ERAS Pathway

ERAS Pain Medications

ibuprofen (ADVIL) tablet

Dose:  200 mg  400 mg  600 mg  800 mg  
Route:  oral  
Rate:  
Duration:  
Frequency:  every 8 hours scheduled  TID  4x Daily  Q4H PRN  Q6H PRN  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions: Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.  
Indications:  gout  dysmenorrhea  rheumatoid arthritis  juvenile idiopathic arthritis  osteoarthritis  ankylosing spondylitis  fever  pain  headache disorder  minor musculoskeletal injury  non-radiographic axial spondyloarthritis

acetaminophen (TYLENOL) tablet

Dose: 1,000 mg  
Route:  oral  
Rate:  
Duration:  
Frequency: every 8 hours scheduled  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Indications:  toothache  dysmenorrhea  arthritic pain  back pain  myalgia  fever  pain  headache disorder

oxyCODone (ROXICODONE) immediate release tablet

Dose:  5 mg  10 mg  15 mg  20 mg  30 mg  
Route:  oral  
Rate:  
Duration:  
Frequency:  every 4 hours PRN  Q3H PRN  Q4H PRN  Q6H PRN  
PRN comment:  mild pain (score 1-3)  moderate pain (score 4-6)  severe pain (score 7-10)  other  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Indications:  acute pain  chronic pain

Questions:

Allowance for Patient Preference:  Nurse may administer for higher level of pain per patient request (selection)

Panel Orders

Postpartum Condition Specific Orders

Magnesium Sulfate OB Panel (Selection Required)

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Vital Signs (Selection Required)

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Neuro checks

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Priority: **Routine** [ STAT ]

Frequency: **Until discontinued, Starting S** [ Q15 Min ] [ Q30 Min ] [ Q1H ] [ Q2H ] [ Q4H ]

Comments: Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hour, or as based on patient acuity/physician order. Notify physician for decrease or change in level of consciousness.

Phase of Care:

Pulse oximetry

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Priority: **Routine** [ STAT ]

Frequency: **Every 2 hours** [ Once ] [ Daily ] [ Q PM ] [ Continuous ] [ HS only ]

Comments: Monitor continuously throughout loading dose and then spot check every 2 hours while assessing maternal respiratory effort and breath sounds. Notify MD if SaO2 is less than 94%

Phase of Care:

Questions:

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Current FIO2 or Room Air: [ Current FIO2 ] [ Room Air ]

Vital signs - T/P/R/BP

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Priority: **Routine** [ STAT ]

Frequency: **Every 5 min** [ Q1H ] [ Q2H ] [ Q4H ] [ Per Unit Protocol ]

Comments: Prior to administration of Magnesium Sulfate. Every 5 minutes during loading dose, then every 30 minutes until stable, then hourly 8 times then, if stable, every 4 hours.

Phase of Care:

Nursing (Testing) (Selection Required)

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Assess breath sounds

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Priority: **Routine** [ STAT ]

Frequency: **Every 2 hours** [ Once ] [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]

Comments: Monitor maternal respiratory effort and breath sounds every 2 hours. Notify physician for shortness of breath or tightness in chest.

Phase of Care:

Questions:

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Assess: breath sounds

Assess for Magnesium Toxicity

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Priority: **Routine** [ STAT ]

Frequency: **Every 15 min, Starting S** [ Once ] [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]

Comments:

Monitor and document. Acquire a baseline measurement prior to infusion therapy, then assess deep tendon reflex's (DTR), level of consciousness (LOC) and orientation, clonus, headache, visual disturbances, nausea/vomiting, and epigastric pain every 15 minutes times 1 hour, then every 30 minutes times 1 hour. Following the first two hours of magnesium infusion monitor DTR's every 2 hours or per physician order. Notify physician for decreased or absent deep tendon reflexes.

Phase of Care:

Assess for PreEclampsia

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Priority: **Routine** [ STAT ]

Frequency: **Once** [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]

Comments: Monitor for Non Remitting Headache, Visual Disturbances, Epigastric Pain, and Clonus every 15 min times 1 hour, then every 30 minutes times 1 hour during magnesium bolus then every 2 hours while on magnesium sulfate.

Phase of Care:

Questions:

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Assessment to Perform: [ Cranial Nerves ] [ Glasgow Coma Scale ] [ Level of Consciousness ] [ Level of Sedation ] [ Pupils ] [ Spinal exams ]

Daily weights

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Priority: **Routine** [ STAT ]

Frequency: **Daily**

Comments:

Phase of Care:

Toileting - Bedside commode

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Priority: **Routine**

Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Q Shift ] [ Daily ]

Comments:

Phase of Care:

Questions:

Specify:  Bathroom privileges  Bedside commode  Encourage frequent voiding ]

Strict intake and output

Priority:  Routine  STAT ]  
Frequency:  Every hour  Q1H  Q4H  Q8H ]  
Comments:  
Phase of Care:

Limit total IV fluid intake to 125 cc/hr

Priority:  Routine ]  
Frequency:  Until discontinued, Starting S  Once  Until Discontinued ]  
Comments:  
Phase of Care:

Insert and maintain Foley (Selection Required)

Insert Foley catheter

Priority:  Routine  STAT ]  
Frequency:  Once  Q4H  Q Shift  Daily ]  
Comments: Foley catheter may be removed per nursing protocol.  
Phase of Care:

Questions:

Type:  2 Way  3 Way  Coude  Temperature Sensing ]  
Size:  14 French  16 French  18 French ]  
Urinometer needed:  Yes  No ]

Foley Catheter Care

Priority:  Routine  STAT ]  
Frequency:  Until discontinued, Starting S  Until Discontinued  Daily ]  
Comments:  
Phase of Care:

Questions:

Orders:  to gravity  to leg bag  flush  flush until clear  Site care Qshift & PRN  Maintain  Irrigate urinary catheter PRN ]  
Do not manipulate ]

Activity (Selection Required)

Strict bed rest

Priority:  Routine ]  
Frequency:  Until discontinued, Starting S  Until Discontinued  Q Shift  Daily ]  
Comments:  
Phase of Care:

Bed rest with bathroom privileges

Priority:  Routine ]  
Frequency:  Until discontinued, Starting S  Until Discontinued  Q Shift  Daily ]  
Comments:  
Phase of Care:

Questions:

Bathroom Privileges:  with bathroom privileges  with bedside commode ]

Bed rest with bathroom privileges for BM only

Priority:  Routine ]  
Frequency:  Until discontinued, Starting S  Until Discontinued  Q Shift  Daily ]  
Comments: For bowel movement only  
Phase of Care:

Questions:

Bathroom Privileges:  with bathroom privileges  with bedside commode ]

Diet (Selection Required)

NPO

Frequency:  Diet effective now, Starting S  Effective Midnight  Effective Now  Effective 0500 (Breakfast)  Effective 1000 (Lunch)

[ Effective 1400 (Dinner) ] [ Effective \_\_\_\_\_ ]

Comments:

Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.

Phase of Care:

Questions:

NPO:  [ Except meds ]  [ Except Ice chips ]  [ Except Sips with meds ]  [ Except Sips of clear liquids ]

Pre-Operative fasting options:

NPO with ice chips

Frequency:  [ Diet effective now, Starting S ]  [ Effective Midnight ]  [ Effective Now ]  [ Effective 0500 (Breakfast) ]  [ Effective 1000 (Lunch) ]  [ Effective 1400 (Dinner) ]  [ Effective \_\_\_\_\_ ]

Comments: 1/2 cup per hour

Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.

Phase of Care:

Questions:

NPO:  [ Except meds ]  [ Except Ice chips ]  [ Except Sips with meds ]  [ Except Sips of clear liquids ]

Pre-Operative fasting options:

Diet - Clear liquids

Frequency:  [ Diet effective now, Starting S ]  [ Effective Now ]  [ Effective 0500 (Breakfast) ]  [ Effective 1000 (Lunch) ]  [ Effective 1400 (Dinner) ]  [ Effective Midnight ]  [ Effective \_\_\_\_\_ ]  [ Effective tomorrow ]

Comments:

Phase of Care:

Questions:

Diet(s):  [ Regular ]  [ Clear Liquids ]  [ Full Liquids ]  [ Easy to digest (GERD) ]  [ No Carbohydrate Clear Liquid ]  [ Low Carbohydrate Full Liquid ]  [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ]  [ 2000 Kcal/225 gm Carbohydrate ]  [ Heart Healthy ]  [ Fiber Restricted ]  [ Post Gastrectomy ]  [ Post Transplant ]  [ Post Esophagectomy ]  [ Low Fat ]  [ 2 GM Potassium ]  [ Neutropenic/Low Bacteria ]  [ 2 GM Sodium ]  [ IDDSI/Dysphagia ]  [ Bariatric ]  [ Other Diabetic/Cal ]  [ Other Protein ]

Advance Diet as Tolerated?  [ Yes ]  [ No ]

IDDSI Liquid Consistency:  [ Level 1 Slightly Thick ]  [ Level 2 Mildly Thick ]  [ Level 3 Moderately Thick ]  [ Level 4 Extremely Thick ]

Fluid Restriction:  [ Fluid Restriction 500 ml ]  [ Fluid Restriction 750 ml ]  [ Fluid Restriction 1000 ml ]  [ Fluid Restriction 1200 ml ]  [ Fluid Restriction 1500 ml ]  [ No Fluids ]

Foods to Avoid:

Cultural/Special:  [ Kosher ]  [ Middle Eastern ]  [ Vegetarian ]  [ Gluten Free ]  [ Vegan ]

Other Options:  [ Finger Foods ]  [ Safety Tray ]

Notify (Selection Required)

Notify Physician for validated vitals:

Priority: Routine

Frequency:  [ Until discontinued, Starting S ]  [ Until Discontinued ]  [ Once ]

Comments: For validated vital signs and for urine output less than 30 milliliters per hour

Questions:

Temperature greater than: 100.3

Temperature less than:

Systolic BP greater than:

Systolic BP less than:

Diastolic BP greater than:

Diastolic BP less than:

MAP less than:

Heart rate greater than (BPM):

Heart rate less than (BPM):

Respiratory rate greater than:

Respiratory rate less than: 10

SpO2 less than: 95

Notify Physician for magnesium

Priority: Routine

Frequency:  [ Until discontinued, Starting S ]  [ Until Discontinued ]  [ Once ]

Comments:

Phase of Care:

Questions:

BUN greater than:

Creatinine greater than:

Glucose greater than:

Glucose less than:

Hct less than:  
Hgb less than:  
LDL greater than:  
Magnesium greater than (mg/dL): 8  
Magnesium less than (mg/dL): 4  
Platelets less than:  
Potassium greater than (mEq/L):  
Potassium less than (mEq/L):  
PT/INR greater than:  
PT/INR less than:  
PTT greater than:  
PTT less than:  
Serum Osmolality greater than:  
Serum Osmolality less than:  
Sodium greater than:  
Sodium less than:  
WBC greater than:  
WBC less than:  
Other Lab (Specify):

IV Fluids (Selection Required)

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lactated ringers (LR) or sodium chloride 0.9% (NS) infusion (Selection Required)

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Due to IV shortage, LR or NS will be administered based on availability

lactated ringer's infusion

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Dose: [ 50 mL/hr ] [ **75 mL/hr** ] [ 100 mL/hr ] [ 125 mL/hr ]  
Route: [ **intravenous** ]  
Rate:  
Duration: [ 1 Hours ] [ 4 Hours ] [ 8 Hours ]  
Frequency: [ **once** ] [ Continuous ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions: Due to IV shortage, LR or NS will be administered based on availability  
Indications:

Or

sodium chloride 0.9 % infusion

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Dose: 75 mL/hr  
Route: [ **intravenous** ]  
Rate:  
Duration:  
Frequency: [ **once** ] [ Continuous ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions: Due to IV shortage, LR or NS will be administered based on availability  
Indications:

Magnesium Sulfate (Selection Required)

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Magnesium Sulfate 6 gm Loading and Maintenance Infusion (Selection Required)

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DISCONTINUE INFUSION AND CALL PROVIDER IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate (less than 10 breaths/minute), oliguria (less than 30 milliliters/hour), shortness of breath or tightness in chest

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Priority: [ **Routine** ]  
Frequency: [ **Until discontinued, Starting S** ] [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care:

magnesium sulfate 6 gm IV Loading Dose + Maintenance infusion (Selection Required)

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Loading Dose - magnesium sulfate 6 grams IV bolus from bag

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Dose: [ 4 g ] [ **6 g** ]  
Route: [ **intravenous** ]  
Rate:  
Duration: Administer over: 30 Minutes  
Frequency: [ **once** ] [ Once ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions: Loading Dose - Bolus from Bag

Indications:

Followed by

Maintenance Dose - magnesium sulfate IV

Dose: [ 1 g/hr ] [ 2 g/hr ] [ 3 g/hr ]

Route: **[ intravenous ]**

Rate:

Duration:

Frequency: **[ continuous ]** [ Continuous ]

Frequency Start: Starting H+30 Minutes

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [ hypomagnesemia ] [ torsades de pointes ] [ mild pre-eclampsia ] [ severe pre-eclampsia ] [ eclampsia of pregnancy ]

( ) magnesium sulfate 4 gm Loading and Maintenance Infusion (Selection Required)

DISCONTINUE INFUSION AND CALL PROVIDER IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

[X] Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate (less than 10 breaths/minute), oliguria (less than 30 milliliters/hour), shortness of breath or tightness in chest

Priority: **[ Routine ]**

Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]

Comments:

Phase of Care:

[X] magnesium sulfate 4 gm IV Loading Dose + Maintenance infusion (Selection Required)

Loading Dose - magnesium sulfate 4 grams IV bolus from bag

Dose: **[ 4 g ]** [ 6 g ]

Route: **[ intravenous ]**

Rate:

Duration: Administer over: 30 Minutes

Frequency: **[ once ]** [ Once ]

Frequency Start:

Number of Doses: 1 Doses

Phase of Care:

Administration instructions: Loading Dose - Bolus from Bag

Indications:

Followed by

Maintenance Dose - magnesium sulfate IV

Dose: [ 1 g/hr ] [ 2 g/hr ] [ 3 g/hr ]

Route: **[ intravenous ]**

Rate:

Duration:

Frequency: **[ continuous ]** [ Continuous ]

Frequency Start: Starting H+30 Minutes

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [ hypomagnesemia ] [ torsades de pointes ] [ mild pre-eclampsia ] [ severe pre-eclampsia ] [ eclampsia of pregnancy ]

( ) Magnesium Sulfate Maintenance Only (Selection Required)

DISCONTINUE INFUSION AND CALL PROVIDER IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

[X] Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate (less than 10 breaths/minute), oliguria (less than 30 milliliters/hour), shortness of breath or tightness in chest

Priority: **[ Routine ]**

Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]

Comments:

Phase of Care:

[X] magnesium sulfate in water 20 gram/500 mL (4 %) infusion

Dose: [ 1 g/hr ] **[ 2 g/hr ]** [ 3 g/hr ] [ 4 g/hr ]

Route: **[ intravenous ]**

Rate:

Duration:

Frequency: **[ continuous ]** [ Continuous ]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [ hypomagnesemia ] [ torsades de pointes ] [ mild pre-eclampsia ] [ severe pre-eclampsia ] [ eclampsia of pregnancy ]

[ ] Corticosteroids (Selection Required)

( ) betamethasone acetate & sodium phosphate (CELESTONE) injection

Dose: [ 12 mg ] [ 6 mg ] [ 3 mg ]  
Route: [ intramuscular ] [ intra-articular ] [ intralesional ]  
Rate:  
Duration:  
Frequency: [ once ] [ Once ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions:  
Indications: [ trichinosis ] [ sarcoidosis ] [ Hodgkin's lymphoma ] [ mycosis fungoides ] [ non-Hodgkin's lymphoma ] [ acute lymphoid leukemia ] [ humoral hypercalcemia of malignancy ] [ thyroiditis ] [ adrenogenital disorder ] [ adrenocortical insufficiency ] [ acute gouty arthritis ] [ autoimmune hemolytic anemia ] [ Diamond Blackfan anemia ] [ erythroblastic anemia ] [ idiopathic thrombocytopenic purpura ] [ acquired thrombocytopenia ] [ cerebral edema ] [ ocular inflammation ] [ acute rheumatic carditis ] [ laryngeal edema ] [ status asthmaticus ] [ berylliosis ] [ aspiration pneumonitis ] [ Loffler syndrome ] [ Crohn's disease ] [ ulcerative colitis ] [ inflammatory bowel disease ] [ nephrotic syndrome ] [ atopic dermatitis ] [ contact dermatitis ] [ dermatitis herpetiformis ] [ pemphigus ] [ erythema multiforme ] [ exfoliative dermatitis ] [ psoriatic arthritis ] [ psoriasis ] [ transfusion reaction urticaria ] [ systemic lupus erythematosus ] [ systemic dermatomyositis ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ post traumatic osteoarthritis ] [ synovitis due to osteoarthritis ] [ ankylosing spondylitis ] [ tendonitis ] [ tenosynovitis ] [ bursitis ] [ respiratory distress syndrome in the newborn ] [ angioedema ] [ hypersensitivity drug reaction ] [ organ transplant rejection ] [ serum sickness ] [ synovitis ] [ neonatal bronchopulmonary dysplasia ] [ acute exacerbation of multiple sclerosis ] [ pure red cell aplasia ] [ acceleration of fetal lung maturation ]

( ) betamethasone acetate & sodium phosphate (CELESTONE) injection

Dose: [ 12 mg ] [ 6 mg ] [ 3 mg ]  
Route: [ intramuscular ] [ intra-articular ] [ intralesional ]  
Rate:  
Duration:  
Frequency: [ every 12 hours ] [ Once ]  
Frequency Start:  
Number of Doses: 2 Doses  
Phase of Care:  
Administration instructions:  
Indications: [ trichinosis ] [ sarcoidosis ] [ Hodgkin's lymphoma ] [ mycosis fungoides ] [ non-Hodgkin's lymphoma ] [ acute lymphoid leukemia ] [ humoral hypercalcemia of malignancy ] [ thyroiditis ] [ adrenogenital disorder ] [ adrenocortical insufficiency ] [ acute gouty arthritis ] [ autoimmune hemolytic anemia ] [ Diamond Blackfan anemia ] [ erythroblastic anemia ] [ idiopathic thrombocytopenic purpura ] [ acquired thrombocytopenia ] [ cerebral edema ] [ ocular inflammation ] [ acute rheumatic carditis ] [ laryngeal edema ] [ status asthmaticus ] [ berylliosis ] [ aspiration pneumonitis ] [ Loffler syndrome ] [ Crohn's disease ] [ ulcerative colitis ] [ inflammatory bowel disease ] [ nephrotic syndrome ] [ atopic dermatitis ] [ contact dermatitis ] [ dermatitis herpetiformis ] [ pemphigus ] [ erythema multiforme ] [ exfoliative dermatitis ] [ psoriatic arthritis ] [ psoriasis ] [ transfusion reaction urticaria ] [ systemic lupus erythematosus ] [ systemic dermatomyositis ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ post traumatic osteoarthritis ] [ synovitis due to osteoarthritis ] [ ankylosing spondylitis ] [ tendonitis ] [ tenosynovitis ] [ bursitis ] [ respiratory distress syndrome in the newborn ] [ angioedema ] [ hypersensitivity drug reaction ] [ organ transplant rejection ] [ serum sickness ] [ synovitis ] [ neonatal bronchopulmonary dysplasia ] [ acute exacerbation of multiple sclerosis ] [ pure red cell aplasia ] [ acceleration of fetal lung maturation ]

( ) betamethasone acetate & sodium phosphate (CELESTONE) injection

Dose: [ 12 mg ] [ 6 mg ] [ 3 mg ]  
Route: [ intramuscular ] [ intra-articular ] [ intralesional ]  
Rate:  
Duration:  
Frequency: [ every 24 hours ] [ Once ]  
Frequency Start:  
Number of Doses: 2 Doses  
Phase of Care:  
Administration instructions:  
Indications: [ trichinosis ] [ sarcoidosis ] [ Hodgkin's lymphoma ] [ mycosis fungoides ] [ non-Hodgkin's lymphoma ] [ acute lymphoid leukemia ] [ humoral hypercalcemia of malignancy ] [ thyroiditis ] [ adrenogenital disorder ] [ adrenocortical insufficiency ] [ acute gouty arthritis ] [ autoimmune hemolytic anemia ] [ Diamond Blackfan anemia ] [ erythroblastic anemia ] [ idiopathic thrombocytopenic purpura ] [ acquired thrombocytopenia ] [ cerebral edema ] [ ocular inflammation ] [ acute rheumatic carditis ] [ laryngeal edema ] [ status asthmaticus ] [ berylliosis ] [ aspiration pneumonitis ] [ Loffler syndrome ] [ Crohn's disease ] [ ulcerative colitis ] [ inflammatory bowel disease ] [ nephrotic syndrome ] [ atopic dermatitis ] [ contact dermatitis ] [ dermatitis herpetiformis ] [ pemphigus ] [ erythema multiforme ] [ exfoliative dermatitis ] [ psoriatic arthritis ] [ psoriasis ] [ transfusion reaction urticaria ] [ systemic lupus erythematosus ] [ systemic dermatomyositis ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ post traumatic osteoarthritis ] [ synovitis due to osteoarthritis ] [ ankylosing spondylitis ] [ tendonitis ] [ tenosynovitis ] [ bursitis ] [ respiratory distress syndrome in the newborn ] [ angioedema ] [ hypersensitivity drug reaction ] [ organ transplant rejection ] [ serum sickness ] [ synovitis ] [ neonatal bronchopulmonary dysplasia ] [ acute exacerbation of multiple sclerosis ] [ pure red cell aplasia ] [ acceleration of fetal lung maturation ]

[X] Rescue Agents (Selection Required)

[X] calcium gluconate injection

Dose: [ 0.5 g ] [ 1 g ] [ 2 g ]  
Route: [ intravenous ]  
Rate:  
Duration:  
Frequency: [ once PRN ] [ Once ]  
PRN comment: rescue agent

Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Administer for respirations less than 12 breaths per minute and call MD.  
Calcium GLUCONATE 1 gm = 4.65 MEQ  
Indications:

Labs (Selection Required)

OB magnesium level

Frequency: **Once, Starting S** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: After loading dose (MD to enter repeat order information)  
Phase of Care:

OB magnesium level

Frequency: **Once** [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: MD to enter repeat order information  
Phase of Care:

Comprehensive metabolic panel

Frequency: **Once, Starting S+1** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Electrolyte panel

Frequency: **Conditional Frequency For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Electrolyte panel after 24 hours if receiving combination of Pitocin and Magnesium Sulfate therapy  
Phase of Care:

OB Hypertensive Crisis Panel (Selection Required)

Notify (Selection Required)

Notify physician if systolic blood pressure is greater than or equal to 160 mm Hg or if diastolic blood pressure is greater than or equal to 110 mm Hg

Priority: Routine  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Once ]  
Comments:  
Phase of Care:

Initial First-Line Management - Select one (Selection Required)

Initial First-Line Management with Labetalol (Selection Required)

Initial First-Line Management with Labetalol (Selection Required)

labetalol (TRANDATE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] **[ 20 mg ]** [ 40 mg ] [ 80 mg ]  
Route: **intravenous**  
Rate:  
Duration:  
Frequency: once PRN  
PRN comment: **high blood pressure** for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more.  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Dose #1 of Labetalol  
Give IV Push over 2 minutes  
Repeat BP measurements in 10 minutes and record results.  
Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: **BP & HR HOLD Parameters requested** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] **[ Heart Rate LESS than 50 bpm ]** [ Other Heart Rate ]  
Contact Physician if:

And

labetalol (TRANDATE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] [ 20 mg ] **[ 40 mg ]** [ 80 mg ]  
Route: **intravenous**  
Rate:  
Duration:



Frequency: once PRN  
PRN comment: **[ high blood pressure ]** If severe BP elevation persists 10 minutes AFTER the first dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions:  
Dose #2 of Labetalol - If BP threshold still exceeded 10 minutes after first dose administered.  
Give IV Push over 2 minutes  
Repeat BP measurements in 10 minutes and record results.  
Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: **[ BP & HR HOLD Parameters requested ]** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] **[ Heart Rate LESS than 50 bpm ]** [ Other Heart Rate ]  
Contact Physician if:

And

labetalol (TRANDATE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] [ 20 mg ] [ 40 mg ] **[ 80 mg ]**  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** If severe BP elevation persists 10 minutes AFTER the second dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Dose #3 of Labetalol - If BP threshold still exceeded 10 minutes after second dose administered.  
Give IV Push over 2 minutes  
Repeat BP measurements in 10 minutes and record results.  
Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: **[ BP & HR HOLD Parameters requested ]** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] **[ Heart Rate LESS than 50 bpm ]** [ Other Heart Rate ]  
Contact Physician if:

[ ] hydrALAZINE (APRESOLINE) injection

Dose: [ 2.5 mg ] [ 5 mg ] **[ 10 mg ]** [ 20 mg ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** If severe BP elevation persists 10 minutes AFTER the third dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Give 10 minutes AFTER last dose (#3) of Labetalol If BP threshold still exceeded.  
Give IV Push over 2 minutes  
If AFTER Hydralazine administration BP is BELOW threshold, continue to monitor BP closely  
Indications: [ hypertension ] [ chronic heart failure ]

Questions:

BP HOLD parameters for this order: **[ BP Hold Parameters requested ]** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ]  
Contact Physician if:

( ) Initial First-Line Management with Hydralazine (Selection Required)

hydrALAZINE (APRESOLINE) injection

Dose: [ 2.5 mg ] **[ 5 mg ]** [ 10 mg ] [ 20 mg ]  
Route: **[ intravenous ]**

Rate:  
Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more.  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
    Give IV Push over 2 minutes  
    Repeat BP measurements in 20 minutes and record results.  
Indications: [ hypertension ] [ chronic heart failure ]

Questions:

BP HOLD parameters for this order: [ BP Hold Parameters requested ] **[ ONCE or PRN Orders - No Hold Parameters Needed ]**  
Contact Physician if:

And

hydrALAZINE (APRESOLINE) injection

Dose: [ 2.5 mg ] [ 5 mg ] **[ 10 mg ]** [ 20 mg ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** If severe BP elevation persists 20 minutes AFTER the first dose of Hydralazine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
    Dose #2 of Hydralazine - If BP threshold still exceeded 20 minutes after first dose administered.  
    Give IV Push over 2 minutes  
    Repeat BP measurements in 20 minutes and record results.  
Indications: [ hypertension ] [ chronic heart failure ]

Questions:

BP HOLD parameters for this order: [ BP Hold Parameters requested ] **[ ONCE or PRN Orders - No Hold Parameters Needed ]**  
Contact Physician if:

And

labetalol (TRANDATE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] **[ 20 mg ]** [ 40 mg ] [ 80 mg ]  
Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** If severe BP elevation persists 20 minutes AFTER the second dose of Hydralazine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
    Dose #1 of Labetalol  
    Give IV Push over 2 minutes  
    Repeat BP measurements in 10 minutes and record results.  
Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: **[ BP & HR HOLD Parameters requested ]** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] **[ Heart Rate LESS than 50 bpm ]** [ Other Heart Rate ]  
Contact Physician if:

And

labetalol (TRANDATE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] [ 20 mg ] **[ 40 mg ]** [ 80 mg ]  
Route: **[ intravenous ]**  
Rate:

Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** If severe BP elevation persists 10 minutes AFTER the first dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions:  
Dose #2 of Labetalol - If BP threshold still exceeded 10 minutes after first dose administered.  
Give IV Push over 2 minutes  
Repeat BP measurements in 10 minutes and record results.  
If either BP threshold is still exceeded, obtain emergency consultation from maternal-fetal medicine, internal medicine, anesthesia, or critical care subspecialists. Give additional anti-hypertensive medication per specific order.  
Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: **[ BP & HR HOLD Parameters requested ]** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] **[ Heart Rate LESS than 50 bpm ]** [ Other Heart Rate ]  
Contact Physician if:

( ) Initial First-Line Management with Oral Nifedipine (Selection Required)

NIFedipine (PROCARDIA) capsule

Dose: **[ 10 mg ]** [ 20 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ]  
PRN comment: **[ high blood pressure ]** [ chest pain ] for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more.  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions:  
Dose #1 of Nifedipine  
Repeat BP measurements in 20 minutes and record results.  
Indications: [ Raynaud's phenomenon ] [ premature labor ] [ prevention of anginal pain from vasospastic angina ] [ prevention of anginal pain in coronary artery disease ]

Questions:

BP HOLD parameters for this order: [ BP Hold Parameters requested ] [ ONCE or PRN Orders - No Hold Parameters Needed ]  
Contact Physician if:

And

NIFedipine (PROCARDIA) capsule

Dose: [ 10 mg ] **[ 20 mg ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ]  
PRN comment: **[ high blood pressure ]** [ chest pain ] for severe BP elevation persists 20 minutes AFTER the first dose of Nifedipine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions:  
Dose #2 of Nifedipine  
Repeat BP measurements in 20 minutes and record results.  
If BP is BELOW threshold, continue to monitor BP closely.  
Indications: [ Raynaud's phenomenon ] [ premature labor ] [ prevention of anginal pain from vasospastic angina ] [ prevention of anginal pain in coronary artery disease ]

Questions:

BP HOLD parameters for this order: [ BP Hold Parameters requested ] [ ONCE or PRN Orders - No Hold Parameters Needed ]  
Contact Physician if:

And

labetalol (TRANDATE) injection

Dose: [ 2.5 mg ] [ 5 mg ] [ 10 mg ] [ 15 mg ] [ 20 mg ] **[ 40 mg ]** [ 80 mg ]

Route: **[ intravenous ]**  
Rate:  
Duration:  
Frequency: once PRN  
PRN comment: **[ high blood pressure ]** If severe BP elevation persists 20 minutes AFTER the second dose of Nifedipine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg)  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care:  
Administration instructions:  
    Give IV Push over 2 minutes  
    Repeat BP measurements in 10 minutes and record results.  
Indications: [ pheochromocytoma adjunct therapy ] [ hypertension ] [ angina ]

Questions:

BP & HR HOLD parameters for this order: **[ BP & HR HOLD Parameters requested ]** [ ONCE or PRN Orders - No Hold Parameters Needed ]  
BP & HR HOLD for: [ Systolic BP LESS than 120 mmHg ] **[ Systolic BP LESS than 100 mmHg ]** [ Other Systolic BP ] [ Other MAP ] [ Other Doppler BP (LVAD) ] [ Heart Rate LESS than 60 bpm ] **[ Heart Rate LESS than 50 bpm ]** [ Other Heart Rate ]  
Contact Physician if:

Pre-Eclamptic Lab Panel (Selection Required)

CBC with differential

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Comprehensive metabolic panel

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Prothrombin time with INR

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Partial thromboplastin time

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.  
Phase of Care:

Fibrinogen

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Uric acid

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

LDH

Frequency: **[ STAT For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Urine Protein and Creatinine (Selection Required)

Creatinine level, urine, random

Frequency: **[ Once For 1 Occurrences ]** [ Once ] [ AM Draw ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Protein, urine, random

Frequency: **[ Once For 1 Occurrences ]** [ Once ] [ AM Draw ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care:

Physician Consult (Selection Required)

Consult Anesthesiology

Phase of Care:

Comments:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMM Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

[ ] Consult Cardiology

Referral Info:

Referral Facility:

Referral # of Visits: 1

Expires: Y+1

Phase of Care:

Comments:

Process Instructions:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMM Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

[ ] Consult Neurology

Referral Info:

Referral Facility:

Referral # of Visits: 1

Expires: Y+1

Phase of Care:

Comments:

Process Instructions:

Questions:

Reason for Consult? [ Carotid stenosis ] [ Ischemic stroke ] [ Seizure ] [ Venous sinus thrombosis ] [ Dissections/intracranial stenosis ] [ Intracranial Hemorrhage (intracerebral) - Routine ] [ Thrombectomy (>24 hours after procedure) ] [ Syncope ] [ Dizziness/Vertigo ] [ Intractable Headaches ] [ Encephalopathy ] [ Demyelinating Disease ] [ Inflammatory neuropathy ] [ Other Reasons ]

Conditional Questions:

If (Class is not HMM Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

[ ] Consult Maternal and Fetal Medicine

Referral Info:

Referral Facility:

Referral # of Visits: 1

Expires: Y+1

Phase of Care:

Comments:

Process Instructions:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

[ ] Consult Neonatology

Referral Info:

Referral Facility:

Referral # of Visits: 1

Expires: Y+1

Phase of Care:

Comments:

Process Instructions:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

[ ] Consult Obstetrics and Gynecology

Referral Info:

Referral Facility:

Referral # of Visits: 1

Expires: Y+1

Phase of Care:

Comments:

Process Instructions:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service notified ] [ Consultant not contacted ]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [ Face to face ] [ Secure text ] [ Telephone ] [ Answering service ]

Nursing

Activity

Activity as tolerated

Priority: **Routine**

Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Q Shift ] [ Daily ]

Comments:

Phase of Care: Postpartum

Questions:

Specify: **Activity as tolerated** [ Up ad lib ] [ Out of bed ] [ Up in chair ] [ Up with assistance ] [ Other activity (specify) ]

Patient may shower

Priority: **Routine**

Frequency: **[ As needed ]** [ Until Discontinued ] [ Q Shift ] [ Daily ]  
Comments:  
Phase of Care: Postpartum

Questions:

Specify: [ with brace ] [ with wound covered ] [ with wound open ]  
Additional modifier: [ with assist only ] [ independent ]

Vital Signs

Vital signs - T/P/R/BP

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Every 15 min ]** [ Q1H ] [ Q2H ] [ Q4H ] [ Per Unit Protocol ]  
Comments: Complete vital signs every 15 minutes x 8, followed by every 4 hours x 24 hours, followed by floor protocol.  
Phase of Care: Postpartum

Vital signs

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Per unit protocol ]** [ Q1H ] [ Q2H ] [ Q4H ] [ Per Unit Protocol ]  
Comments:  
Phase of Care: Postpartum

Nursing care

Discontinue IV

Priority: **[ Routine ]**  
Frequency: **[ Once ]**  
Comments: Discontinue IV when infusion complete and patient is stable. May saline lock if patient still requires IV medications.  
Phase of Care: Postpartum

Breast pump to bed

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Once ]** [ Q4H ] [ Q Shift ] [ Daily ]  
Comments:  
Phase of Care: Postpartum

Bladder scan

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ As needed ]** [ Once ] [ Q3H ] [ Q4H ] [ Q Shift ] [ Daily ]  
Comments: If patient remains unable to void 4 hrs post straight cath, insert Foley and Notify physician  
Phase of Care: Postpartum

Straight cath

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Conditional Frequency For 1 Occurrences ]** [ Once ] [ Q4H ] [ Q Shift ] [ Daily ]  
Comments: Post bladder scan: If regional block and unable to void on bedpan, may straight cath x 1 then insert foley to Bed Side Drainage (record amount obtained from straight cath).  
Phase of Care: Postpartum

Insert and maintain Foley (Selection Required)

Insert Foley catheter

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Conditional Frequency For 1 Occurrences ]** [ Once ] [ Q4H ] [ Q Shift ] [ Daily ]  
Comments: If regional block and unable to void on bedpan, may straight cath x 1 then insert foley to Bed Side Drainage and and notify physician. (Record urine output obtained from the straight cath).  
Phase of Care: Postpartum

Questions:

Type: [ 2 Way ] [ 3 Way ] [ Coude ] [ Temperature Sensing ]  
Size: [ 14 French ] [ 16 French ] [ 18 French ]  
Urinometer needed: [ Yes ] [ No ]

Foley Catheter Care

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Conditional Frequency ]** [ Until Discontinued ] [ Daily ]  
Comments:  
Phase of Care: Postpartum

Questions:

Orders: [ to gravity ] [ to leg bag ] [ flush ] [ flush until clear ] [ Site care Qshift & PRN ] **[ Maintain ]** [ Irrigate urinary catheter PRN ] [ Do not manipulate ]

Uterine fundal massage

---

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Every 4 hours For Until specified ]** [ Q15 Min ] [ Q30 Min ] [ Q4H ]  
Comments: Postpartum for 24 hours and PRN  
Phase of Care: Postpartum

Infant skin to skin on mother immediately after birth unless not clinically appropriate

---

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Postpartum

Initiate breastfeeding immediately following delivery

---

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Postpartum

Place/Maintain sequential compression device continuous

---

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Postpartum

Place antiembolic stockings

---

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Q4H ] [ Q Shift ] [ Daily ]  
Comments:  
Phase of Care: Postpartum

Perineal Care

---

Apply ice pack

---

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Q4H ] [ Q Shift ] [ Daily ]  
Comments:  
Phase of Care: Postpartum

Questions:

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Affected area: To perineum, for 8-12 hours after delivery then may have sitz bath at least two times daily, then as needed for patient discomfort.

Sitz bath

---

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Once ]** [ Q4H ] [ Q Shift ] [ Daily ]  
Comments: Begin 8-12 hours post-delivery as needed  
Phase of Care: Postpartum

Patient education- Perineal instructions post delivery

---

Priority: **[ Routine ]**  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

---

Patient/Family: **[ Patient ]** [ Family ] [ Both ]  
Education for: [ Activity ] [ CHF education ] [ Diabetes education (performed by nurse) ] [ Discharge ] [ Drain care ] [ Fall risk ] [ Incentive spirometry ] [ Self admin of medication ] [ Smoking cessation counseling ] **[ Other (specify) ]**  
Specify: Perineal care instructions after delivery

Notify

---

Notify Physician for vitals:

---

Priority: Routine  
Frequency: **[ Until discontinued, Starting S ]** [ Until Discontinued ] [ Once ]  
Comments: Notify Physician for Validated Vital Signs

Questions:

---

Temperature greater than: 100.3  
Temperature less than:  
Systolic BP greater than: 160  
Systolic BP less than: 90  
Diastolic BP greater than: 110



Diastolic BP less than: 50  
MAP less than:  
Heart rate greater than (BPM): 120  
Heart rate less than (BPM): 50  
Respiratory rate greater than: 24  
Respiratory rate less than: 10  
SpO2 less than: 95

**Notify Physician if uterus boggy and blood pressure is less than 140/90**

Priority: Routine  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Once ]  
Comments:  
Phase of Care:

**Notify Physician for abnormal bleeding**

Priority: Routine  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Once ]  
Comments:  
Phase of Care:

**Notify Lactation Specialist**

Priority: Routine  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Once ]  
Comments: To see patient  
Phase of Care:

**Notify Physician for discharge order when:**

Priority: Routine  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Once ]  
Comments: Temperature is not above 100 degrees F for at least 12 hours, able to void adequately, able to verbalize discharge instructions, patient has discharge prescriptions, if indicated  
Phase of Care:

**Notify Physician if foley catheter is inserted**

Priority: Routine  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ] [ Once ]  
Comments: If patient has a regional block, unable to void on bedpan and a foley is inserted  
Phase of Care:

**Diet**

**Diet - Regular**

Frequency: **Diet effective now, Starting S** [ Effective Now ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]  
Comments:  
Phase of Care: Postpartum

**Questions:**

Diet(s): **Regular** [ Clear Liquids ] [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]  
Advance Diet as Tolerated? [ Yes ] [ No ]  
IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]  
Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid Restriction 1500 ml ] [ No Fluids ]  
Foods to Avoid:

**Diet - Clear Liquid**

Frequency: **Diet effective now, Starting S** [ Effective Now ] [ Effective 0500 (Breakfast) ] [ Effective 1000 (Lunch) ] [ Effective 1400 (Dinner) ] [ Effective Midnight ] [ Effective \_\_\_\_\_ ] [ Effective tomorrow ]  
Comments:  
Phase of Care: Postpartum

**Questions:**

Diet(s): [ Regular ] **Clear Liquids** [ Full Liquids ] [ Easy to digest (GERD) ] [ No Carbohydrate Clear Liquid ] [ Low Carbohydrate Full Liquid ] [ Renal (80GM Pro, 2-3GM Na, 2-3GM K) ] [ 2000 Kcal/225 gm Carbohydrate ] [ Heart Healthy ] [ Fiber Restricted ] [ Post Gastrectomy ] [ Post Transplant ] [ Post Esophagectomy ] [ Low Fat ] [ 2 GM Potassium ] [ Neutropenic/Low Bacteria ] [ 2 GM Sodium ] [ IDDSI/Dysphagia ] [ Bariatric ] [ Other Diabetic/Cal ] [ Other Protein ]  
Advance Diet as Tolerated? **Yes** [ No ]  
Target Diet:  
Advance target diet criteria:  
IDDSI Liquid Consistency: [ Level 1 Slightly Thick ] [ Level 2 Mildly Thick ] [ Level 3 Moderately Thick ] [ Level 4 Extremely Thick ]  
Fluid Restriction: [ Fluid Restriction 500 ml ] [ Fluid Restriction 750 ml ] [ Fluid Restriction 1000 ml ] [ Fluid Restriction 1200 ml ] [ Fluid

Restriction 1500 ml ] [ No Fluids ]  
Foods to Avoid:

IV Fluids

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Medications

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Vaccines

---

measles-mumps-rubella Vaccine

---

Dose: **[ 0.5 mL ]**  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ] [ During hospitalization ]  
PRN comment: **[ immunization ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Patient Consent if Rubella Non-Immune  
Indications: [ measles-mumps-rubella vaccination ]

diphtheria-pertussis-tetanus (BOOSTRIX / ADACEL) Vaccine

---

Dose: **[ 0.5 mL ]**  
Route: **[ intramuscular ]**  
Rate:  
Duration:  
Frequency: **[ once PRN ]** [ Once ]  
PRN comment: **[ If not given during pregnancy. ]** [ immunization ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Upon patient consent and prior to discharge.  
Indications:

Prenatal Vitamins - NOT HMH, HMWB Only Appears If: **SB IP ORDERSET NOT HMH HMWB HMCY**

---

prenatal multivitamin tab/cap

---

Dose: **[ 1 each ]**  
Route: oral  
Rate:  
Duration:  
Frequency: daily  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Prenatal Vitamin is available as a Tablet or Capsule  
Indications:

Prenatal Vitamins - HMH, HMWB Only Only Appears If: **SB IP ORDERSET HMH HMWB HMCY ONLY**

---

prenatal multivitamin tab/cap

---

Dose: **[ 1 each ]**  
Route: oral  
Rate:  
Duration:  
Frequency: daily  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Prenatal Vitamin is available as a Tablet or Capsule  
Indications:

NALOXONE FOR OBGYN VAGINAL DELIVERY POST PARTUM OPIOID PAIN MEDICATIONS

---

Default Phase of Care: Postpartum

naloxone (NARCAN) 0.4 mg/mL injection

---

Dose:  
Route: **[ intravenous ]** [ intramuscular ] [ subcutaneous ]  
Rate:  
Duration:  
Frequency: [ Once ] **[ PRN ]**  
PRN comment: **[ opioid reversal ]** **[ respiratory depression ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: L&D Pre-Delivery  
Administration instructions:  
Indications: [ opioid overdose ] [ opioid-induced respiratory depression ] [ risk mitigation for opioid overdose ]

Mild Pain (Pain Score 1-3) - NOT HMSL HMTW Only Appears If: **SB IP ORDERSET NOT HMSL HMTW**

---

( ) acetaminophen (TYLENOL) tablet

---

Dose: 650 mg  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: every 6 hours PRN  
PRN comment: **[ mild pain (score 1-3) ]** [ moderate pain (score 4-6) ] **[ headaches ] [ fever ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Monitor and record pain scores and respiratory status.  
Indications: [ toothache ] [ dysmenorrhea ] [ arthritic pain ] [ back pain ] [ myalgia ] [ fever ] [ pain ] [ headache disorder ]

Questions:

---

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

---

Dose: **[ 1 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 4 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: **[ mild pain (score 1-3) ]** [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Monitor and record pain scores and respiratory status.  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

---

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

( ) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet

---

Dose: **[ 1 tablet ]** [ 2 tablet ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: **[ mild pain (score 1-3) ]** [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

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Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet

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Dose: [ 0.5 tablet ] **[ 1 tablet ]** [ 2 tablet ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: **[ mild pain (score 1-3) ]** [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

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Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

Mild Pain (Pain Score 1-3) - HMSL HMTW Only Only Appears If: **SB IP ORDERSET HMSL HMTW ONLY**

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( ) acetaminophen (TYLENOL) tablet

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Dose: 650 mg  
Route: **[ oral ]**  
Rate:  
Duration:

Frequency: every 6 hours PRN  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ headaches ] [ fever ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Monitor and record pain scores and respiratory status.  
Indications: [ toothache ] [ dysmenorrhea ] [ arthritic pain ] [ back pain ] [ myalgia ] [ fever ] [ pain ] [ headache disorder ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

Dose: [ 1 tablet ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 4 hours PRN ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Monitor and record pain scores and respiratory status.  
Indications: [ acute pain ] [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet

Dose: [ 0.5 tablet ] [ 1 tablet ] [ 2 tablet ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ acute pain ] [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

Moderate Pain (Pain Score 4-6) - HMH HMW HMWB HMCL ONLY Only Appears If: SB IP ORDERSET HMH HMW HMWB HMSTJ HMCY ONLY

( ) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet

Dose: [ 1 tablet ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ acute pain ] [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet

Dose: [ 1 tablet ] [ 2 tablet ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum

Administration instructions:  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

**( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet**

Dose: [ 0.5 tablet ] [ 1 tablet ] **[ 2 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ moderate pain (score 4-6) ]** [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

Moderate Pain (Pain Score 4-6) - HMSL, HMTW Only Only Appears If: **SB IP ORDERSET HMSL HMTW ONLY**

**( ) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet**

Dose: **[ 1 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ moderate pain (score 4-6) ]** [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

**( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet**

Dose: [ 0.5 tablet ] [ 1 tablet ] **[ 2 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ moderate pain (score 4-6) ]** [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

Moderate Pain (Pain Score 4-6) - HMSJ Only Only Appears If: **SB IP ORDERSET HMSJ ONLY**

**( ) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet**

Dose: **[ 1 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ moderate pain (score 4-6) ]** [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

( ) acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet

Dose: [ 0.5 tablet ] [ 1 tablet ] **[ 2 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ moderate pain (score 4-6) ]** [ severe pain (score 7-10) ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: **[ Nurse may administer for higher level of pain per patient request (selection) ]**

Severe Pain (Pain Score 7-10)

( ) HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet

Dose: **[ 1 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] **[ severe pain (score 7-10) ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet

Dose: [ 1 tablet ] **[ 2 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 6 hours PRN ]** [ Q4H PRN ] [ Q6H PRN ] [ Q8H PRN ]  
PRN comment: [ moderate pain (score 4-6) ] **[ severe pain (score 7-10) ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Monitor and record pain scores and respiratory status.  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

( ) oxyCODONE (ROXICODONE) immediate release tablet

Dose: **[ 5 mg ]** [ 10 mg ] [ 15 mg ] [ 20 mg ] [ 30 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ every 4 hours PRN ]** [ Q3H PRN ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] **[ severe pain (score 7-10) ]** [ other ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Monitor and record pain scores and respiratory status  
Indications: **[ acute pain ]** [ chronic pain ]

Questions:

Allowance for Patient Preference: [ Nurse may administer for higher level of pain per patient request (selection) ]

Adjunct Pain Medications

( ) ibuprofen (ADVIL,MOTRIN) tablet

Dose: [ 200 mg ] [ 400 mg ] [ **600 mg** ] [ 800 mg ]  
Route: [ **oral** ]  
Rate:  
Duration:  
Frequency: [ **every 6 hours PRN** ] [ TID ] [ 4x Daily ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ **Cramping, Laceration or Incision Pain** ] [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ severe pain (score 7-10) ] [ headaches ] [ cramping ] [ fever ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets. May be used in conjunction with oral opioid agents for moderate pain  
Indications: [ gout ] [ dysmenorrhea ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ osteoarthritis ] [ ankylosing spondylitis ] [ fever ] [ pain ] [ headache disorder ] [ minor musculoskeletal injury ] [ non-radiographic axial spondyloarthritis ]

( ) For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection

Dose: 15 mg  
Route: [ **intravenous** ] [ intramuscular ]  
Rate:  
Duration:  
Frequency: every 6 hours PRN  
PRN comment: [ mild pain (score 1-3) ] [ **moderate pain (score 4-6)** ] [ severe pain (score 7-10) ]  
Frequency Start: Starting H+6 Hours  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: May be used in conjunction with oral opioid agents for moderate pain  
Indications:

( ) For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection

Dose: 30 mg  
Route: [ **intravenous** ] [ intramuscular ]  
Rate:  
Duration:  
Frequency: every 6 hours PRN  
PRN comment: [ mild pain (score 1-3) ] [ **moderate pain (score 4-6)** ] [ severe pain (score 7-10) ]  
Frequency Start: Starting H+6 Hours  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: May be used in conjunction with oral opioid agents for moderate pain  
Indications:

Perineal Care - HMSTC, HMSTJ Only Only Appears If: SB IP ORDERSET HMSTC HMSTJ ONLY

dibucaine (NUPERCAINAL) 1 % ointment

Dose: [ 1 Application ]  
Route: [ **Topical** ] [ rectal ]  
Rate:  
Duration:  
Frequency: [ **every 3 hours PRN** ] [ TID ] [ 4x Daily ] [ TID PRN ]  
PRN comment: [ **hemorrhoids** ] [ pain ] [ constipation ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Perineum  
Indications: [ hemorrhoids ] [ pruritus of skin ] [ skin irritation ] [ minor skin wound pain ]

benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray

Dose:  
Route: [ **Topical** ]  
Rate:  
Duration:  
Frequency: [ **PRN** ] [ BID PRN ] [ TID PRN ] [ 4x Daily PRN ]  
PRN comment: [ mild pain (score 1-3) ] [ **irritation** ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications  
Indications: [ pruritus of skin ] [ skin irritation ] [ minor skin wound pain ]

hydrocortisone-pramoxine (PROCTOFOAM-HS) rectal foam

Dose: [ **1 applicator** ]  
Route: [ **rectal** ]  
Rate:  
Duration:  
Frequency: [ **2 times daily** ] [ BID ] [ TID ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum

Administration instructions:  
Indications: [ hemorrhoids ] [ proctitis ] [ pruritus ani ] [ anal fissure ]

glycerin-witch hazel 12.5-50 % topical (TUCKS) pads

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Dose:  
Route: **[ Topical ]**  
Rate:  
Duration:  
Frequency: **[ daily PRN ]** [ PRN ] [ Daily PRN ]  
PRN comment: **[ irritation ]** [ hemorrhoids ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Rectum  
Indications:

Perineal Care - HMSL Only Only Appears If: **SB IP ORDERSET HMSL ONLY**

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dibucaine (NUPERCAINAL) 1 % ointment

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Dose: [ 1 Application ]  
Route: **[ Topical ]** [ rectal ]  
Rate:  
Duration:  
Frequency: **[ every 3 hours PRN ]** [ TID ] [ 4x Daily ] [ TID PRN ]  
PRN comment: **[ hemorrhoids ]** [ pain ] [ constipation ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Perineum  
Indications: [ hemorrhoids ] [ pruritus of skin ] [ skin irritation ] [ minor skin wound pain ]

benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray

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Dose:  
Route: **[ Topical ]**  
Rate:  
Duration:  
Frequency: **[ PRN ]** [ BID PRN ] [ TID PRN ] [ 4x Daily PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ irritation ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications  
Indications: [ pruritus of skin ] [ skin irritation ] [ minor skin wound pain ]

dibucaine (NUPERCAINAL) 1 % ointment

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Dose: **[ 1 Application ]**  
Route: **[ Topical ]** [ rectal ]  
Rate:  
Duration:  
Frequency: **[ 3 times daily ]** [ TID ] [ 4x Daily ] [ TID PRN ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Perineum  
Indications: [ hemorrhoids ] [ pruritus of skin ] [ skin irritation ] [ minor skin wound pain ]

glycerin-witch hazel 12.5-50 % topical pads pads, medicated

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Dose:  
Route: **[ Topical ]**  
Rate:  
Duration:  
Frequency: **[ daily PRN ]** [ PRN ] [ Daily PRN ]  
PRN comment: **[ irritation ]** [ hemorrhoids ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Rectum  
Indications:

Perineal Care - HMWB, HMTW Only Only Appears If: **SB IP ORDERSET HMWB HMTW HMCY ONLY**

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dibucaine (NUPERCAINAL) 1 % ointment

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Dose: [ 1 Application ]  
Route: **[ Topical ]** [ rectal ]  
Rate:  
Duration:  
Frequency: **[ every 3 hours PRN ]** [ TID ] [ 4x Daily ] [ TID PRN ]  
PRN comment: **[ hemorrhoids ]** [ pain ] [ constipation ]



Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Perineum  
Indications: [ hemorrhoids ] [ pruritus of skin ] [ skin irritation ] [ minor skin wound pain ]

[ ] benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray

Dose:  
Route: **[ Topical ]**  
Rate:  
Duration:  
Frequency: **[ PRN ]** [ BID PRN ] [ TID PRN ] [ 4x Daily PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ irritation ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications  
Indications: [ pruritus of skin ] [ skin irritation ] [ minor skin wound pain ]

[ ] glycerin-witch hazel 12.5-50 % topical (TUCKS) pads

Dose:  
Route: **[ Topical ]**  
Rate:  
Duration:  
Frequency: **[ daily PRN ]** [ PRN ] [ Daily PRN ]  
PRN comment: **[ irritation ]** [ hemorrhoids ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Rectum  
Indications:

Perineal Care - HMSJ Only Only Appears If: SB IP ORDERSET HMSJ ONLY

[X] benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray

Dose:  
Route: **[ Topical ]**  
Rate:  
Duration:  
Frequency: **[ PRN ]** [ BID PRN ] [ TID PRN ] [ 4x Daily PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ irritation ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications  
Indications: [ pruritus of skin ] [ skin irritation ] [ minor skin wound pain ]

[X] dibucaine (NUPERCAINAL) 1 % ointment

Dose: **[ 1 Application ]**  
Route: **[ Topical ]** [ rectal ]  
Rate:  
Duration:  
Frequency: **[ PRN ]** [ TID ] [ 4x Daily ] [ TID PRN ]  
PRN comment: **[ hemorrhoids ]** [ pain ] [ constipation ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Perineum  
Indications: [ hemorrhoids ] [ pruritus of skin ] [ skin irritation ] [ minor skin wound pain ]

[X] glycerin-witch hazel 12.5-50 % topical (TUCKS) pads

Dose:  
Route: **[ Topical ]**  
Rate:  
Duration:  
Frequency: **[ daily PRN ]** [ PRN ] [ Daily PRN ]  
PRN comment: **[ irritation ]** [ hemorrhoids ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Rectum  
Indications:

Perineal Care - HMH, HMW Only Only Appears If: SB IP ORDERSET HMH HMW ONLY

[X] dibucaine (NUPERCAINAL) 1 % ointment

Dose: [ 1 Application ]  
Route: **[ Topical ]** [ rectal ]

Rate:  
Duration:  
Frequency: **[ every 3 hours PRN ]** [ TID ] [ 4x Daily ] [ TID PRN ]  
PRN comment: **[ hemorrhoids ]** [ pain ] [ constipation ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Perineum  
Indications: [ hemorrhoids ] [ pruritus of skin ] [ skin irritation ] [ minor skin wound pain ]

[\[X\] benzocaine-menthol \(DERMOPLAST\) 20-0.5 % topical spray](#)

Dose:  
Route: **[ Topical ]**  
Rate:  
Duration:  
Frequency: **[ PRN ]** [ BID PRN ] [ TID PRN ] [ 4x Daily PRN ]  
PRN comment: [ mild pain (score 1-3) ] **[ irritation ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications  
Indications: [ pruritus of skin ] [ skin irritation ] [ minor skin wound pain ]

[\[ \] hydrocortisone-pramoxine \(EPIFOAM\) foam](#)

Dose: **[ 1 Application ]** [ 1 applicator ]  
Route: **[ Topical ]**  
Rate:  
Duration:  
Frequency: **[ 3 times daily ]** [ TID ] [ 4x Daily ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: \*\*\*  
Indications: [ skin inflammation ] [ pruritus ani ]

[\[X\] glycerin-witch hazel 12.5-50 % topical \(TUCKS\) pads](#)

Dose:  
Route: **[ Topical ]**  
Rate:  
Duration:  
Frequency: **[ daily PRN ]** [ PRN ] [ Daily PRN ]  
PRN comment: **[ irritation ]** [ hemorrhoids ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Rectum  
Indications:

Breast Care

[\[X\] lanolin cream](#)

Dose: **[ 1 Application ]**  
Route: **[ Topical ]**  
Rate:  
Duration:  
Frequency: **[ PRN ]**  
PRN comment: **[ dry skin ]** nipple redness or pain  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Specify Site: Nipples  
Indications:

Bowel Care - NOT HMSJ Only Appears If: **SB IP ORDERSET NOT HMSJ**

[\[ \] sennosides-docusate sodium \(SENOKOT-S\) 8.6-50 mg per tablet](#)

Dose: [ 1 tablet ] **[ 2 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ nightly PRN ]** [ Nightly ] [ BID ] [ Nightly PRN ] [ Once ] [ BID PRN ] [ Once PRN ]  
PRN comment: **[ constipation ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ constipation ]

magnesium hydroxide suspension

---

Dose: 30 mL  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ nightly PRN ]** [ 4x Daily PRN ] [ Nightly PRN ] [ Once ]  
PRN comment: [ constipation ] **[ indigestion ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ bowel evacuation ] [ gastroesophageal reflux disease ] [ dyspepsia ] [ constipation ] [ heartburn ]

docusate sodium (COLACE) capsule

---

Dose: **[ 100 mg ]** [ 200 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ 2 times daily PRN ]** [ Daily ] [ BID ] [ Daily PRN ] [ BID PRN ]  
PRN comment: **[ constipation ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ constipation ]

bisacodyl (DULCOLAX) suppository

---

Dose: **[ 10 mg ]**  
Route: **[ rectal ]**  
Rate:  
Duration:  
Frequency: **[ daily PRN ]** [ Once ] [ Daily ] [ Daily PRN ]  
PRN comment: **[ constipation ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ bowel evacuation ] [ constipation ]

**Bowel Care - HMSJ Only Only Appears If: SB IP ORDERSET HMSJ ONLY**

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sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet

---

Dose: [ 1 tablet ] **[ 2 tablet ]**  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ nightly PRN ]** [ Nightly ] [ BID ] [ Nightly PRN ] [ Once ] [ BID PRN ] [ Once PRN ]  
PRN comment: **[ constipation ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ constipation ]

magnesium hydroxide suspension

---

Dose: 30 mL  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ nightly PRN ]** [ 4x Daily PRN ] [ Nightly PRN ] [ Once ]  
PRN comment: [ constipation ] **[ indigestion ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ bowel evacuation ] [ gastroesophageal reflux disease ] [ dyspepsia ] [ constipation ] [ heartburn ]

docusate sodium (COLACE) capsule

---

Dose: **[ 100 mg ]** [ 200 mg ]  
Route: **[ oral ]**  
Rate:  
Duration:  
Frequency: **[ 2 times daily PRN ]** [ Daily ] [ BID ] [ Daily PRN ] [ BID PRN ]  
PRN comment: **[ constipation ]**  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum

Administration instructions:  
Indications: [ constipation ]

bisacodyl (DULCOLAX) suppository

---

Dose: [ 10 mg ]  
Route: [ rectal ]  
Rate:  
Duration:  
Frequency: [ daily PRN ] [ Once ] [ Daily ] [ Daily PRN ]  
PRN comment: [ constipation ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ bowel evacuation ] [ constipation ]

Fever Care

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acetaminophen (TYLENOL) tablet

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Dose: 650 mg  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: every 6 hours PRN  
PRN comment: [ mild pain (score 1-3) ] [ moderate pain (score 4-6) ] [ headaches ] [ fever ] For temperature greater than 100.3  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ toothache ] [ dysmenorrhea ] [ arthritic pain ] [ back pain ] [ myalgia ] [ fever ] [ pain ] [ headache disorder ]

aspirin tablet

---

Dose: [ 325 mg ] [ 650 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 4 hours PRN ] [ Once ] [ Daily ]  
PRN comment: [ For temperature greater than 100.4 ] [ fever ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ rheumatic fever ] [ acute rheumatic carditis ] [ acute myocardial infarction ] [ myocardial reinfarction prevention ] [ myocardial infarction prevention ] [ acute coronary syndrome ] [ unstable angina pectoris ] [ cerebral thromboembolism prevention ] [ transient cerebral ischemia ] [ peripheral arterial thromboembolism prevention ] [ Kawasaki disease ] [ dysmenorrhea ] [ rheumatoid arthritis ] [ juvenile idiopathic arthritis ] [ osteoarthritis ] [ fever ] [ pain ] [ headache disorder ] [ prevention of transient ischemic attack ] [ thrombosis prevention after PCI ] [ acute thromboembolic stroke ]

oxytocin (PITOCIN) Bolus and Maintenance Infusion

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oxytocin (PITOCIN) Bolus and Maintenance Infusion (Selection Required)

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oxytocin 30 unit/500 mL bolus from bag

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Dose: [ 10 Units ] [ 167 mL ]  
Route: [ intravenous ]  
Rate:  
Duration: Administer over: 30 Minutes  
Frequency: [ once ] [ Once ]  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care: Postpartum  
Administration instructions:  
Indications:

Followed by

oxytocin (PITOCIN) infusion

---

Dose: [ 5.7 Units/hr ] [ 25 mL/hr ] [ 33.33 mL/hr ] [ 42 mL/hr ] [ 50 mL/hr ]  
Route: [ intravenous ]  
Rate:  
Duration:  
Frequency: [ continuous ] [ Continuous ]  
Frequency Start: Starting H+30 Minutes  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Run at 95 mL/hr for 3.5 hours. Total 20 units over 3.5 hours. (Infuse at rate of 95 mL/hr over 3.5 hours)  
Increase to 999 mL/hr for uterine tone and bleeding per physician instructions.  
Indications:

Bleeding Medications

( ) oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE) (Selection Required)

methylergonovine (METHERGINE) is contraindicated if BP GREATER than 140/90 mmHg

oxytocin (PITOCIN) infusion

Dose: [ 5.7 Units/hr ] [ 25 mL/hr ] [ 33.33 mL/hr ] [ 42 mL/hr ] [ 50 mL/hr ]

Route: [ intravenous ]

Rate:

Duration:

Frequency: [ continuous PRN ] [ Continuous ]

PRN comment: PostPartum Vaginal Bleeding

Frequency Start:

Number of Doses:

Phase of Care: Postpartum

Administration instructions: If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.

Indications:

And

methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than 140/90 mmHg

Dose: [ 200 mcg ]

Route: [ intramuscular ] [ intravenous ]

Rate:

Duration:

Frequency: [ once PRN ] [ Once ]

PRN comment: as needed for vaginal bleeding not controlled by oxytocin

Frequency Start:

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Use if inadequate response to oxytocin. Notify Physician if further treatment needed. Contraindicated if BP

GREATER than 140/90 mmHg

Indications: [ incomplete abortion ] [ postpartum hemorrhage ] [ prevention of uterine inertia ]

( ) oxytocin (PITOCIN) infusion AND carboprost (HEMABATE) injection And diphenoxylate-atropine (LOMOTIL) oral dose (Selection Required)

oxytocin (PITOCIN) infusion

Dose: [ 5.7 Units/hr ] [ 25 mL/hr ] [ 33.33 mL/hr ] [ 42 mL/hr ] [ 50 mL/hr ]

Route: [ intravenous ]

Rate:

Duration:

Frequency: [ continuous PRN ] [ Continuous ]

PRN comment: PostPartum Vaginal Bleeding

Frequency Start:

Number of Doses:

Phase of Care: Postpartum

Administration instructions: If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.

Indications:

And

carboprost (HEMABATE) injection

Dose: [ 100 mcg ] [ 250 mcg ]

Route: [ intramuscular ] [ Other ]

Rate:

Duration:

Frequency: [ once PRN ] [ Once ]

PRN comment: for Vaginal Bleeding uncontrolled by oxytocin.

Frequency Start:

Number of Doses:

Phase of Care: Postpartum

Administration instructions:

Indications: [ benign hydatidiform mole ] [ incomplete abortion ] [ abortion ] [ postpartum hemorrhage ] [ induction of labor ] [ cervical ripening procedure ]

And

diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet

Dose: [ 1 tablet ] [ 2 tablet ]

Route: [ oral ]

Rate:

Duration:

Frequency: [ once PRN ] [ 4x Daily ] [ 4x Daily PRN ]

PRN comment: [ diarrhea ]

Frequency Start:

Number of Doses:  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ diarrhea ] [ chemotherapy-induced diarrhea ] [ chronic diarrhea associated with short bowel syndrome ] [ high output ileostomy ]

( ) oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC) (Selection Required)

oxytocin (PITOCIN) infusion

Dose: [ 5.7 Units/hr ] [ 25 mL/hr ] [ 33.33 mL/hr ] [ 42 mL/hr ] [ 50 mL/hr ]  
Route: [ intravenous ]  
Rate:  
Duration:  
Frequency: [ continuous PRN ] [ Continuous ]  
PRN comment: Postpartum Bleeding  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr  
Indications:

And

misoprostol (CYTOTEC) tablet

Dose: [ 400 mcg ] [ 600 mcg ] [ 800 mcg ] [ 1,000 mcg ]  
Route: [ oral ] [ rectal ]  
Rate:  
Duration:  
Frequency: [ once PRN ] [ Once ]  
PRN comment: as needed for vaginal bleeding not controlled by oxytocin  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Use if inadequate response to oxytocin. Notify Physician if further treatment needed.  
Indications:

Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW Only Only Appears If: SB IP ORDERSET HMH HMSJ HMW HMSTC HMTW ONLY

[X] ondansetron (ZOFTRAN) IV or Oral (Selection Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet

Dose: [ 4 mg ] [ 8 mg ] [ 16 mg ] [ 24 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 8 hours PRN ] [ Once ] [ Q12H SCH ] [ Q8H PRN ]  
PRN comment: [ nausea ] [ vomiting ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Give if patient is able to tolerate oral medication.  
Indications: [ prevention of post-operative nausea and vomiting ] [ prevention of radiation-induced nausea and vomiting ] [ cancer chemotherapy-induced nausea and vomiting ] [ prevention of chemotherapy-induced nausea and vomiting ] [ excessive vomiting in pregnancy ] [ acute gastroenteritis-related vomiting in pediatrics ]

Or

ondansetron (ZOFTRAN) 4 mg/2 mL injection

Dose: [ 4 mg ] [ 8 mg ] [ 0.1 mg/kg ]  
Route: [ intravenous ] [ intramuscular ]  
Rate:  
Duration:  
Frequency: [ every 8 hours PRN ] [ Once ] [ Q8H PRN ] [ Q12H ]  
PRN comment: [ nausea ] [ vomiting ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.  
Indications: [ prevention of post-operative nausea and vomiting ] [ cancer chemotherapy-induced nausea and vomiting ] [ prevention of chemotherapy-induced nausea and vomiting ] [ excessive vomiting in pregnancy ] [ acute gastroenteritis-related vomiting in pediatrics ]

[X] promethazine (PHENERGAN) IV or Oral or Rectal (Selection Required)

promethazine (PHENERGAN) 12.5 mg IV

Dose: 12.5 mg  
Route: intravenous  
Rate:  
Duration:  
Frequency: every 6 hours PRN  
PRN comment: [ nausea ] [ vomiting ]

Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: 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.  
Indications:

Or

promethazine (PHENERGAN) tablet

Dose: [ 12.5 mg ] [ 25 mg ] [ 50 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ nausea ] [ vomiting ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.  
Indications: [ allergic conjunctivitis ] [ allergic rhinitis ] [ vasomotor rhinitis ] [ urticaria ] [ sedation ] [ pain treatment adjunct ] [ prevention of post-operative nausea and vomiting ] [ post-operative nausea and vomiting ] [ motion sickness ] [ anaphylaxis adjunct ] [ excessive vomiting in pregnancy ] [ prevention of motion sickness ]

Or

promethazine (PHENERGAN) suppository

Dose: [ 12.5 mg ] [ 25 mg ] [ 50 mg ]  
Route: [ rectal ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ nausea ] [ vomiting ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.  
Indications: [ allergic conjunctivitis ] [ allergic rhinitis ] [ vasomotor rhinitis ] [ urticaria ] [ sedation ] [ pain treatment adjunct ] [ prevention of post-operative nausea and vomiting ] [ post-operative nausea and vomiting ] [ motion sickness ] [ anaphylaxis adjunct ] [ excessive vomiting in pregnancy ] [ prevention of motion sickness ]

Or

promethazine (PHENERGAN) intraMUSCULAR injection

Dose: [ 6.25 mg ] [ 12.5 mg ]  
Route: [ intramuscular ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Once ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ nausea ] [ vomiting ]  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions: Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.  
Indications: [ apprehension ] [ transfusion reaction urticaria ] [ sedation as adjunct to anesthesia ] [ general anesthesia adjunct ] [ sedation in obstetrics ] [ pain treatment adjunct ] [ nausea and vomiting ] [ prevention of post-operative nausea and vomiting ] [ motion sickness ] [ anaphylaxis adjunct ] [ allergic reaction ]

Antiemetics - HMSL, HMWB Only Only Appears If: SB IP ORDERSET HMSL HMWB HMCY

[X] ondansetron (ZOFTRAN) IV or Oral (Selection Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet

Dose: [ 4 mg ] [ 8 mg ] [ 16 mg ] [ 24 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 8 hours PRN ] [ Once ] [ Q12H SCH ] [ Q8H PRN ]  
PRN comment: [ nausea ] [ vomiting ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Give if patient is able to tolerate oral medication.  
Indications: [ prevention of post-operative nausea and vomiting ] [ prevention of radiation-induced nausea and vomiting ] [ cancer chemotherapy-induced nausea and vomiting ] [ prevention of chemotherapy-induced nausea and vomiting ] [ excessive vomiting in pregnancy ] [ acute gastroenteritis-related vomiting in pediatrics ]

Or

ondansetron (ZOFRAN) 4 mg/2 mL injection

Dose: [ 4 mg ] [ 8 mg ] [ 0.1 mg/kg ]  
Route: [ intravenous ] [ intramuscular ]  
Rate:  
Duration:  
Frequency: [ every 8 hours PRN ] [ Once ] [ Q8H PRN ] [ Q12H ]  
PRN comment: [ nausea ] [ vomiting ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.  
Indications: [ prevention of post-operative nausea and vomiting ] [ cancer chemotherapy-induced nausea and vomiting ] [ prevention of chemotherapy-induced nausea and vomiting ] [ excessive vomiting in pregnancy ] [ acute gastroenteritis-related vomiting in pediatrics ]

[X] promethazine (PHENERGAN) IV or Oral or Rectal (Selection Required)

promethazine (PHENERGAN) injection

Dose: 12.5 mg  
Route: intravenous  
Rate:  
Duration:  
Frequency: every 6 hours PRN  
PRN comment: [ nausea ] [ vomiting ]  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions: Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.  
Indications:

Or

promethazine (PHENERGAN) tablet

Dose: [ 12.5 mg ] [ 25 mg ] [ 50 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ nausea ] [ vomiting ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.  
Indications: [ allergic conjunctivitis ] [ allergic rhinitis ] [ vasomotor rhinitis ] [ urticaria ] [ sedation ] [ pain treatment adjunct ] [ prevention of post-operative nausea and vomiting ] [ post-operative nausea and vomiting ] [ motion sickness ] [ anaphylaxis adjunct ] [ excessive vomiting in pregnancy ] [ prevention of motion sickness ]

Or

promethazine (PHENERGAN) suppository

Dose: [ 12.5 mg ] [ 25 mg ] [ 50 mg ]  
Route: [ rectal ]  
Rate:  
Duration:  
Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ]  
PRN comment: [ nausea ] [ vomiting ]  
Frequency Start:  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.  
Indications: [ allergic conjunctivitis ] [ allergic rhinitis ] [ vasomotor rhinitis ] [ urticaria ] [ sedation ] [ pain treatment adjunct ] [ prevention of post-operative nausea and vomiting ] [ post-operative nausea and vomiting ] [ motion sickness ] [ anaphylaxis adjunct ] [ excessive vomiting in pregnancy ] [ prevention of motion sickness ]

Antiemetics - HMSTJ Only Only Appears If: SB IP ORDERSET HMSTJ ONLY

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)

ondansetron ODT (ZOFRAN-ODT) disintegrating tablet

Dose: [ 4 mg ] [ 8 mg ] [ 16 mg ] [ 24 mg ]  
Route: [ oral ]  
Rate:  
Duration:  
Frequency: [ every 8 hours PRN ] [ Once ] [ Q12H SCH ] [ Q8H PRN ]  
PRN comment: [ nausea ] [ vomiting ]  
Frequency Start:  
Number of Doses:



Phase of Care: Postpartum

Administration instructions: Give if patient is able to tolerate oral medication.

Indications: [ prevention of post-operative nausea and vomiting ] [ prevention of radiation-induced nausea and vomiting ] [ cancer chemotherapy-induced nausea and vomiting ] [ prevention of chemotherapy-induced nausea and vomiting ] [ excessive vomiting in pregnancy ] [ acute gastroenteritis-related vomiting in pediatrics ]

Or

ondansetron (ZOFRAN) 4 mg/2 mL injection

Dose: [ 4 mg ] [ 8 mg ] [ 0.1 mg/kg ]

Route: [ intravenous ] [ intramuscular ]

Rate:

Duration:

Frequency: [ every 8 hours PRN ] [ Once ] [ Q8H PRN ] [ Q12H ]

PRN comment: [ nausea ] [ vomiting ]

Frequency Start:

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Indications: [ prevention of post-operative nausea and vomiting ] [ cancer chemotherapy-induced nausea and vomiting ] [ prevention of chemotherapy-induced nausea and vomiting ] [ excessive vomiting in pregnancy ] [ acute gastroenteritis-related vomiting in pediatrics ]

[X] promethazine (PHENERGAN) IVPB or Oral or Rectal (Selection Required)

promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB

Dose: 12.5 mg

Route: intravenous

Rate:

Duration: Administer over: 30 Minutes

Frequency: every 6 hours PRN

PRN comment: [ nausea ] [ vomiting ]

Frequency Start:

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Indications:

Or

promethazine (PHENERGAN) tablet

Dose: [ 12.5 mg ] [ 25 mg ] [ 50 mg ]

Route: [ oral ]

Rate:

Duration:

Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ]

PRN comment: [ nausea ] [ vomiting ]

Frequency Start:

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

Indications: [ allergic conjunctivitis ] [ allergic rhinitis ] [ vasomotor rhinitis ] [ urticaria ] [ sedation ] [ pain treatment adjunct ] [ prevention of post-operative nausea and vomiting ] [ post-operative nausea and vomiting ] [ motion sickness ] [ anaphylaxis adjunct ] [ excessive vomiting in pregnancy ] [ prevention of motion sickness ]

Or

promethazine (PHENERGAN) suppository

Dose: [ 12.5 mg ] [ 25 mg ] [ 50 mg ]

Route: [ rectal ]

Rate:

Duration:

Frequency: [ every 6 hours PRN ] [ Q4H PRN ] [ Q6H PRN ]

PRN comment: [ nausea ] [ vomiting ]

Frequency Start:

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Indications: [ allergic conjunctivitis ] [ allergic rhinitis ] [ vasomotor rhinitis ] [ urticaria ] [ sedation ] [ pain treatment adjunct ] [ prevention of post-operative nausea and vomiting ] [ post-operative nausea and vomiting ] [ motion sickness ] [ anaphylaxis adjunct ] [ excessive vomiting in pregnancy ] [ prevention of motion sickness ]

Insomnia: Diphenhydramine

Default Phase of Care: Postpartum

[X] diphenhydrAMINE (BENADRYL) tablet

Dose: [ 12.5 mg ] [ 25 mg ] [ 50 mg ]

Route: [ oral ]

Rate:  
Duration:  
Frequency: **[ nightly PRN ]** [ Once ] [ Q6H ] [ Q4H PRN ] [ Q6H PRN ] [ Nightly PRN ]  
PRN comment: [ itching ] [ allergies ] **[ sleep ]** [ dystonic reactions ] [ anaphylaxis/allergic reaction ] [ premedication ]  
Frequency Start:  
Number of Doses:  
Phase of Care:  
Administration instructions:  
Indications:

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## Rh Negative Mother

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### Nursing

Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery.

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Postpartum

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### Labs

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#### Fetal Screen

Frequency: **[ Conditional Frequency, Starting S For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ Add-on ]  
Comments: Conditional- One activation- If Rh Negative Mom and Rh Positive infant  
Phase of Care: Postpartum

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#### Rhogam Type and Screen

Frequency: **[ Once ]** [ STAT ] [ AM Draw ] [ Add-on ]  
Comments:  
Phase of Care: Postpartum

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### Medication

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#### rho(D) immune globulin (HYPERRHO/RHOGAM) injection

Dose: **[ 300 mcg ]**  
Route: **[ intramuscular ]**  
Rate:  
Duration:  
Frequency: **[ PRN ]** [ Once ]  
PRN comment: Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery.  
Frequency Start:  
Number of Doses: 1 Doses  
Phase of Care: Postpartum  
Administration instructions:  
Indications: [ prev Rh isoimmuniz 1st trimester pregnancy termination ] [ prevention of Rh isoimmunization after blood transfusion ] [ prevention of rhesus isoimmunization affecting pregnancy ]

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### VTE

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#### VTE Risk and Prophylaxis Tool (Selection Required) Only Appears If: **HM SB PROVIDERS**

VTE/DVT Risk Definitions - \\epic-nas.et0922.epichosted.com\static\OrderSets\VTE Risk Assessment Tool v7\_MAK FINAL.pdf

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#### VERY LOW Risk of VTE

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##### Ambulate

Priority: **[ Routine ]**  
Frequency: **[ 3 times daily ]** [ Until Discontinued ] [ Q Shift ] [ Daily ]  
Comments: Early ambulation  
Phase of Care: Postpartum

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##### Questions:

Specify: [ in hall ] [ in room ] [ with assistance ] [ with assistive device ]

And

---

##### Very low risk of VTE

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

And

---

##### Avoid dehydration

Priority: **[ Routine ]**

Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Postpartum

**( ) LOW Risk of VTE**

Delivery BMI > 40 kg/m<sup>2</sup>

**[X] Low risk of VTE**

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

**Questions:**

Low risk: **[ Due to low risk, SCDs are recommended while in bed and until fully ambulatory ]**

**[X] Place sequential compression device (Selection Required)**

**( ) Contraindications exist for mechanical prophylaxis**

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

**Questions:**

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

**[X] Place/Maintain sequential compression device continuous**

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments: While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration.  
Phase of Care: Postpartum

**( ) MODERATE Risk of VTE (Selection Required)**

Mechanical prophylaxis prior to delivery and until fully ambulatory. CONSIDER prophylactic LMWH/UFH throughout postpartum hospitalization.  
Delivery BMI > 40 kg AND antepartum and/or intrapartum hospitalization > 72 hours  
Hospitalization within the last month > 72 hours  
Low risk thrombophilia  
\*BMI >40kg/m<sup>2</sup> AND low risk thrombophilia: consider prophylaxis continuation 6 weeks postpartum.

**[X] Moderate Risk (Selection Required)**

**[X] Moderate risk of VTE**

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

**[ ] Pharmacological Prophylaxis (Selection Required)**

**( ) enoxaparin (LOVENOX) injection (Selection Required)**

**( ) enoxaparin (LOVENOX) injection**

Dose: **[ 40 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ daily at 1700 ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

**Questions:**

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] **[ VTE Prophylaxis ]** [ Other ]

( ) CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection

Dose: **[ 30 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ daily at 1700 ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] **[ VTE Prophylaxis ]** [ Other ]

( ) BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection

Dose: **[ 40 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] **[ VTE Prophylaxis ]** [ Other ]

( ) HEParin subcutaneous (Selection Required)

[X] HEParin (porcine) injection

Dose: **[ 10,000 Units ]** [ 5,000 Units ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ every 12 hours scheduled ]** [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Wait at least 1 hour after epidural catheter removal before administering heparin  
Indications: [ disseminated intravascular coagulation ] [ acute myocardial infarction ] [ acute coronary syndrome ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ peripheral arterial embolism ] [ peripheral arterial thromboembolism prevention ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis prevention after PCI ] [ prevent extracorporeal clotting during hemodialysis ]

[X] Partial thromboplastin time, activated

Frequency: **[ Once, Starting H+12 Hours For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Obtain prior to heparin dose  
Phase of Care: Postpartum

( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Postpartum

( ) Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count

less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

**[X] Mechanical Prophylaxis (Selection Required) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

**( ) Contraindications exist for mechanical prophylaxis**

Priority: **Routine**  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

**Questions:**

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

**(X) Place/Maintain sequential compression device continuous**

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments: SCD throughout hospitalization.  
Phase of Care: Postpartum

**( ) HIGH Risk of VTE - Prophylaxis (Selection Required)**

Mechanical prophylaxis prior to delivery AND until fully ambulatory PLUS prophylaxis LMWH/UFH through postpartum hospitalization & continued 6 weeks from delivery date.  
High risk thrombophilia with no prior VTE  
Prior idiopathic or estrogen related VTE  
Low risk thrombophilia AND (family history of VTE OR single prior VTE)  
Receiving outpatient prophylactic LMWH or UFH

**[X] High Risk (Selection Required)**

**[X] High risk of VTE**

Priority: **Routine**  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

**[X] Pharmacological Prophylaxis (Selection Required)**

**( ) enoxaparin (LOVENOX) injection (Selection Required)**

**( ) enoxaparin (LOVENOX) injection**

Dose: **[ 40 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ daily at 1700 ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: **Postpartum**  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

**Questions:**

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] **[ VTE Prophylaxis ]** [ Other ]

**( ) CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection**

Dose: **[ 30 mg ]** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **[ subcutaneous ]**  
Rate:  
Duration:  
Frequency: **[ daily at 1700 ]** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: **Postpartum**  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

**Questions:**

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]

[ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ **VTE Prophylaxis** ] [ Other ]

( ) BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection

Dose: [ **40 mg** ] [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency: [ **every 12 hours scheduled** ] [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ **VTE Prophylaxis** ] [ Other ]

( ) HEParin subcutaneous (Selection Required)

[X] HEParin (porcine) injection

Dose: [ **10,000 Units** ] [ 5,000 Units ]  
Route: [ **subcutaneous** ]  
Rate:  
Duration:  
Frequency: [ **every 12 hours scheduled** ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Wait at least 1 hour after epidural catheter removal before administering heparin  
Indications: [ disseminated intravascular coagulation ] [ acute myocardial infarction ] [ acute coronary syndrome ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ peripheral arterial embolism ] [ peripheral arterial thromboembolism prevention ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis prevention after PCI ] [ prevent extracorporeal clotting during hemodialysis ]

[X] Partial thromboplastin time, activated

Frequency: [ **Once, Starting H+12 Hours For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Obtain prior to heparin dose  
Phase of Care: Postpartum

( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders

Priority: [ **Routine** ]  
Frequency: [ **Until discontinued, Starting S** ] [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Postpartum

( ) Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: [ **Once** ] [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: [ **Once** ] [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe

peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

Priority: **Routine** ] [ STAT ]

Frequency: **Continuous**

Comments: While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration.

Phase of Care: Postpartum

HIGH Risk of VTE - Therapeutic (Selection Required)

Mechanical prophylaxis prior to delivery and until fully ambulatory PLUS therapeutic dose LMWH/UFH through hospitalization & continued 6 weeks from delivery date.

Patients already receiving outpatient therapeutic LMWH or UFH

Multiple prior VTEs

High risk thrombophilia AND prior VTE

High Risk (Selection Required)

High risk of VTE

Priority: Routine

Frequency: **Once** ] [ Prior to Discharge ]

Comments:

Phase of Care: Postpartum

Pharmacological Prophylaxis (Selection Required)

enoxaparin (LOVENOX) injection (Selection Required)

enoxaparin (LOVENOX) injection

Dose: **1 mg/kg** ] [ 1.5 mg/kg ]

Route: **subcutaneous**

Rate:

Duration:

Frequency: **every 12 hours scheduled** ] [ Daily at 1700 ] [ Q12H SCH ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ VTE Prophylaxis ] [ Other ]

Basic metabolic panel - STAT

Frequency: **STAT For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Postpartum

Anti Xa, low molecular weight

Frequency: **Once, Starting H+24 Hours** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments: Draw specimen 4 hours after subcutaneous injection

Phase of Care: Postpartum

Questions:

Heparin Name: [ Fragmin ] [ Lovenox ]

CrCl LESS THAN 30 mL/min - enoxaparin (LOVENOX) injection (Selection Required)

enoxaparin (LOVENOX) injection

Dose: **1 mg/kg** ] [ 1.5 mg/kg ]

Route: **subcutaneous**

Rate:

Duration:

Frequency: **every 24 hours scheduled** ] [ Daily at 1700 ] [ Q12H SCH ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]

[ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ VTE Prophylaxis ] [ Other ]

**Basic metabolic panel - STAT**

Frequency: **STAT For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Postpartum

**Anti Xa, low molecular weight**

Frequency: **Once, Starting H+24 Hours** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments: Draw specimen 4 hours after subcutaneous injection  
Phase of Care: Postpartum

**Questions:**

Heparin Name: [ Fragmin ] [ Lovenox ]

**Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)**

Priority: [ Routine ] **STAT**  
Frequency: **Until discontinued, Starting S** [ Until Discontinued ]  
Comments: For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.

**Questions:**

Heparin Indication:  
Specify: [ Give initial Bolus ] [ No initial Bolus ]  
Specify: [ Give titration boluses ] [ NO Titration boluses ]  
Monitoring: [ Anti-Xa ] [ aPTT ]

**Contact OBGYN provider after removal of epidural catheter for anticoagulation orders**

Priority: **Routine**  
Frequency: **Until discontinued, Starting S** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Postpartum

**Contraindications exist for pharmacologic prophylaxis**

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

**Questions:**

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

**Mechanical Prophylaxis (Selection Required) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

**Contraindications exist for mechanical prophylaxis**

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

**Questions:**

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

**Place/Maintain sequential compression device continuous**

Priority: **Routine** [ STAT ]  
Frequency: **Continuous**  
Comments: While in bed AND until fully ambulatory  
Phase of Care: Postpartum

**Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Selection Required)**

**Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: HM ORD SB SCD OR CONTRAINDICATION**



Moderate risk of VTE

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Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

---

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

---

Contraindications exist for mechanical prophylaxis

---

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

---

Priority: **Routine** [ STAT ]  
Frequency: **Continuous**  
Comments:  
Phase of Care: Postpartum

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

---

Moderate risk of VTE

---

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

---

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

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Contraindications exist for mechanical prophylaxis

---

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [

Thrombophlebitis ]

[X] Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Postpartum

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

[X] High risk of VTE

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis because: **[ patient is already on therapeutic anticoagulation for other indication. ]**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

[X] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

[X] Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Postpartum

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

[X] High risk of VTE

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis because: **[ patient is already on therapeutic anticoagulation for other indication. ]**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

[ ] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

(X) Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Postpartum

VTE Risk and Prophylaxis Tool Only Appears If: HM SB NURSING AND PHARMACY

VTE/DVT Risk Definitions - \\epic-nas.et0922.epichosted.com\static\OrderSets\VTE Risk Assessment Tool v7\_MAK FINAL.pdf

( ) VERY LOW Risk of VTE

Ambulate

Priority: **[ Routine ]**  
Frequency: **[ 3 times daily ]** [ Until Discontinued ] [ Q Shift ] [ Daily ]  
Comments: Early ambulation  
Phase of Care: Postpartum

Questions:

Specify: [ in hall ] [ in room ] [ with assistance ] [ with assistive device ]

And

Very low risk of VTE

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

And

Avoid dehydration

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Postpartum

( ) LOW Risk of VTE

Delivery BMI > 40 kg/m<sup>2</sup>

(X) Low risk of VTE

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

Low risk: **[ Due to low risk, SCDs are recommended while in bed and until fully ambulatory ]**

(X) Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

(X) Place/Maintain sequential compression device continuous

Priority: **Routine** [ STAT ]

Frequency: **Continuous**

Comments: While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration.

Phase of Care: Postpartum

( ) MODERATE Risk of VTE (Selection Required)

Mechanical prophylaxis prior to delivery and until fully ambulatory. CONSIDER prophylactic LMWH/UFH throughout postpartum hospitalization. Delivery BMI > 40 kg AND antepartum and/or intrapartum hospitalization > 72 hours

Hospitalization within the last month > 72 hours

Low risk thrombophilia

\*BMI >40kg/m2 AND low risk thrombophilia: consider prophylaxis continuation 6 weeks postpartum.

[X] Moderate Risk (Selection Required)

[X] Moderate risk of VTE

Priority: Routine

Frequency: **Once** [ Prior to Discharge ]

Comments:

Phase of Care: Postpartum

[ ] Pharmacological Prophylaxis (Selection Required)

( ) enoxaparin (LOVENOX) injection (Selection Required)

( ) enoxaparin (LOVENOX) injection

Dose: **40 mg** [ 1 mg/kg ] [ 1.5 mg/kg ]

Route: **subcutaneous**

Rate:

Duration:

Frequency: **daily at 1700** [ Daily at 1700 ] [ Q12H SCH ]

Frequency Start: Starting H+12 Hours

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] **VTE Prophylaxis** [ Other ]

( ) CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection

Dose: **30 mg** [ 1 mg/kg ] [ 1.5 mg/kg ]

Route: **subcutaneous**

Rate:

Duration:

Frequency: **daily at 1700** [ Daily at 1700 ] [ Q12H SCH ]

Frequency Start: Starting H+12 Hours

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] **VTE Prophylaxis** [ Other ]

( ) BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection

Dose: **40 mg** [ 1 mg/kg ] [ 1.5 mg/kg ]

Route: **subcutaneous**

Rate:

Duration:

Frequency: **every 12 hours scheduled** [ Daily at 1700 ] [ Q12H SCH ]

Frequency Start: Starting H+12 Hours

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ] [ Peripheral vascular disease ] [ Stroke ] [ Valve ] [ **VTE Prophylaxis** ] [ Other ]

( ) HEParin subcutaneous (Selection Required)

[X] HEParin (porcine) injection

Dose: [ **10,000 Units** ] [ 5,000 Units ]

Route: [ **subcutaneous** ]

Rate:

Duration:

Frequency: [ **every 12 hours scheduled** ] [ Once ] [ Q12H SCH ] [ Q8H SCH ]

Frequency Start: Starting H+12 Hours

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Wait at least 1 hour after epidural catheter removal before administering heparin

Indications: [ disseminated intravascular coagulation ] [ acute myocardial infarction ] [ acute coronary syndrome ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ peripheral arterial embolism ] [ peripheral arterial thromboembolism prevention ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis prevention after PCI ] [ prevent extracorporeal clotting during hemodialysis ]

[X] Partial thromboplastin time, activated

Frequency: [ **Once, Starting H+12 Hours For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments: Obtain prior to heparin dose

Phase of Care: Postpartum

( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders

Priority: [ **Routine** ]

Frequency: [ **Until discontinued, Starting S** ] [ Once ] [ Until Discontinued ]

Comments:

Phase of Care: Postpartum

( ) Contraindications exist for pharmacologic prophylaxis

Priority: Routine

Frequency: [ **Once** ] [ Prior to Discharge ]

Comments:

Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine

Frequency: [ **Once** ] [ Prior to Discharge ]

Comments:

Phase of Care: Postpartum

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

(X) Place/Maintain sequential compression device continuous

Priority: [ **Routine** ] [ STAT ]

Frequency: [ **Continuous** ]

Comments: SCD throughout hospitalization.

Phase of Care: Postpartum

( ) HIGH Risk of VTE - Prophylaxis (Selection Required)

Mechanical prophylaxis prior to delivery AND until fully ambulatory PLUS prophylaxis LMWH/UFH through postpartum hospitalization & continued 6 weeks from delivery date.

High risk thrombophilia with no prior VTE

Prior idiopathic or estrogen related VTE  
Low risk thrombophilia AND (family history of VTE OR single prior VTE)  
Receiving outpatient prophylactic LMWH or UFH

High Risk (Selection Required)

High risk of VTE

Priority: Routine  
Frequency: **Once** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Pharmacological Prophylaxis (Selection Required)

enoxaparin (LOVENOX) injection (Selection Required)

enoxaparin (LOVENOX) injection

Dose: **40 mg** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: **daily at 1700** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] **VTE Prophylaxis** [ Other ]

CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection

Dose: **30 mg** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: **daily at 1700** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] **VTE Prophylaxis** [ Other ]

BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection

Dose: **40 mg** [ 1 mg/kg ] [ 1.5 mg/kg ]  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: **every 12 hours scheduled** [ Daily at 1700 ] [ Q12H SCH ]  
Frequency Start: Starting H+12 Hours  
Number of Doses:  
Phase of Care: Postpartum  
Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin  
Indications:

Questions:

Indication(s): [ Acute coronary syndrome ] [ Atrial fibrillation ] [ Deep vein thrombosis ] [ Pulmonary embolism ] [ Hypercoagulability ]  
[ Peripheral vascular disease ] [ Stroke ] [ Valve ] **VTE Prophylaxis** [ Other ]

HEParin subcutaneous (Selection Required)

HEParin (porcine) injection

Dose: **10,000 Units** [ 5,000 Units ]  
Route: **subcutaneous**  
Rate:  
Duration:  
Frequency: **every 12 hours scheduled** [ Once ] [ Q12H SCH ] [ Q8H SCH ]

Frequency Start: Starting H+12 Hours

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Wait at least 1 hour after epidural catheter removal before administering heparin

Indications: [ disseminated intravascular coagulation ] [ acute myocardial infarction ] [ acute coronary syndrome ] [ pulmonary thromboembolism ] [ pulmonary thromboembolism prevention ] [ peripheral arterial embolism ] [ peripheral arterial thromboembolism prevention ] [ deep venous thrombosis ] [ deep vein thrombosis prevention ] [ thrombosis prevention after PCI ] [ prevent extracorporeal clotting during hemodialysis ]

Partial thromboplastin time, activated

Frequency: [ **Once, Starting H+12 Hours For 1 Occurrences** ] [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments: Obtain prior to heparin dose

Phase of Care: Postpartum

Contact OBGYN provider after removal of epidural catheter for anticoagulation orders

Priority: [ **Routine** ]

Frequency: [ **Until discontinued, Starting S** ] [ Once ] [ Until Discontinued ]

Comments:

Phase of Care: Postpartum

Contraindications exist for pharmacologic prophylaxis

Priority: Routine

Frequency: [ **Once** ] [ Prior to Discharge ]

Comments:

Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

Contraindications exist for mechanical prophylaxis

Priority: Routine

Frequency: [ **Once** ] [ Prior to Discharge ]

Comments:

Phase of Care: Postpartum

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

Priority: [ **Routine** ] [ STAT ]

Frequency: [ **Continuous** ]

Comments: While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration.

Phase of Care: Postpartum

HIGH Risk of VTE - Therapeutic (Selection Required)

Mechanical prophylaxis prior to delivery and until fully ambulatory PLUS therapeutic dose LMWH/UFH through hospitalization & continued 6 weeks from delivery date.

Patients already receiving outpatient therapeutic LMWH or UFH

Multiple prior VTEs

High risk thrombophilia AND prior VTE

High Risk (Selection Required)

High risk of VTE

Priority: Routine

Frequency: [ **Once** ] [ Prior to Discharge ]

Comments:

Phase of Care: Postpartum

Pharmacological Prophylaxis (Selection Required)

enoxaparin (LOVENOX) injection (Selection Required)

enoxaparin (LOVENOX) injection

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Dose:  1 mg/kg  1.5 mg/kg ]

Route:  subcutaneous ]

Rate:

Duration:

Frequency:  every 12 hours scheduled ]  Daily at 1700 ]  Q12H SCH ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indications:

Questions:

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Indication(s):  Acute coronary syndrome ]  Atrial fibrillation ]  Deep vein thrombosis ]  Pulmonary embolism ]  Hypercoagulability ]  
 Peripheral vascular disease ]  Stroke ]  Valve ]  VTE Prophylaxis ]  Other ]

Basic metabolic panel - STAT

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Frequency:  STAT For 1 Occurrences ]  Once ]  STAT ]  AM Draw ]  AM Draw Repeats ]  Timed ]  Add-on ]

Comments:

Phase of Care: Postpartum

Anti Xa, low molecular weight

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Frequency:  Once, Starting H+24 Hours ]  Once ]  STAT ]  AM Draw ]  AM Draw Repeats ]  Timed ]  Add-on ]

Comments: Draw specimen 4 hours after subcutaneous injection

Phase of Care: Postpartum

Questions:

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Heparin Name:  Fragmin ]  Lovenox ]

CrCl LESS THAN 30 mL/min - enoxaparin (LOVENOX) injection (Selection Required)

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enoxaparin (LOVENOX) injection

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Dose:  1 mg/kg  1.5 mg/kg ]

Route:  subcutaneous ]

Rate:

Duration:

Frequency:  every 24 hours scheduled ]  Daily at 1700 ]  Q12H SCH ]

Frequency Start: Starting H+24 Hours

Number of Doses:

Phase of Care: Postpartum

Administration instructions: Wait at least 4 hours after epidural catheter removal before administering enoxaparin

Indications:

Questions:

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Indication(s):  Acute coronary syndrome ]  Atrial fibrillation ]  Deep vein thrombosis ]  Pulmonary embolism ]  Hypercoagulability ]  
 Peripheral vascular disease ]  Stroke ]  Valve ]  VTE Prophylaxis ]  Other ]

Basic metabolic panel - STAT

---

Frequency:  STAT For 1 Occurrences ]  Once ]  STAT ]  AM Draw ]  AM Draw Repeats ]  Timed ]  Add-on ]

Comments:

Phase of Care: Postpartum

Anti Xa, low molecular weight

---

Frequency:  Once, Starting H+24 Hours ]  Once ]  STAT ]  AM Draw ]  AM Draw Repeats ]  Timed ]  Add-on ]

Comments: Draw specimen 4 hours after subcutaneous injection

Phase of Care: Postpartum

Questions:

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Heparin Name:  Fragmin ]  Lovenox ]

Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)

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Priority:  Routine ]  STAT ]

Frequency:  Until discontinued, Starting S ]  Until Discontinued ]

Comments: For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.

Questions:

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Heparin Indication:

Specify:  Give initial Bolus ]  No initial Bolus ]

Specify:  Give titration boluses ]  NO Titration boluses ]

Monitoring:  Anti-Xa ]  aPTT ]



( ) Contact OBGYN provider after removal of epidural catheter for anticoagulation orders

Priority: **[ Routine ]**  
Frequency: **[ Until discontinued, Starting S ]** [ Once ] [ Until Discontinued ]  
Comments:  
Phase of Care: Postpartum

( ) Contraindications exist for pharmacologic prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [ Active hemorrhage ] [ Active intracranial lesions or neoplasms ] [ Allergy to all anticoagulants ] [ Coagulopathy ] [ Current Hospice Patient ] [ Epidural or indwelling spinal catheter; spinal tap ] [ Known or suspected pregnancy or breast feeding ] [ HIT (Heparin-induced thrombocytopenia) ] [ Hemorrhage within previous 6 months ] [ High risk for bleeding ] [ History of cerebral hemorrhage ] [ Plan for surgery ] [ Proliferative retinopathy ] [ Pericardial effusion ] [ Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks ] [ Thrombocytopenia (use caution with platelet count less than 100,000) ] [ Vascular access/biopsy/sites inaccessible to hemostatic control ]

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

(X) Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments: While in bed AND until fully ambulatory  
Phase of Care: Postpartum

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Selection Required)

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

[X] Moderate risk of VTE

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis because: **[ patient is already on therapeutic anticoagulation for other indication. ]**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

[ ] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

(X) Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Postpartum

**( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

(X) Moderate risk of VTE

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

(X) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis because: **[ patient is already on therapeutic anticoagulation for other indication. ]**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

(X) Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

(X) Place/Maintain sequential compression device continuous

Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Postpartum

**( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

(X) High risk of VTE

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

(X) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

No pharmacologic VTE prophylaxis because: **[ patient is already on therapeutic anticoagulation for other indication. ]**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

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Contraindications exist for mechanical prophylaxis

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Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

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No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

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Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Postpartum

High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

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High risk of VTE

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Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

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Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

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No pharmacologic VTE prophylaxis because: **[ patient is already on therapeutic anticoagulation for other indication. ]**  
Therapy for the following: [ Atrial fibrillation ] [ DVT ] [ PE ] [ Stroke prophylaxis ] [ Prosthetic heart valve ] [ Acute coronary syndrome (ACS) ] [ Hypercoagulable state ] [ Intra-aortic balloon pump (IABP) ] [ Ventricular Support Device ] [ Peripheral vascular disease (PVD) ] [ Other ]

Place sequential compression device (Selection Required)

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Contraindications exist for mechanical prophylaxis

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Priority: Routine  
Frequency: **[ Once ]** [ Prior to Discharge ]  
Comments:  
Phase of Care: Postpartum

Questions:

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No mechanical VTE prophylaxis due to the following contraindication(s): [ Bilateral Amputee ] [ Cellulitis, lymphangitis ] [ Compartment syndrome ] [ Current Hospice Patient ] [ Extreme leg deformity ] [ Gangrene of lower extremity ] [ Leg edema greater than or equal to 3+ ] [ Lower extremity injury/trauma(i.e. fracture without cast, wounds) ] [ Severe lymphedema ] [ Severe peripheral neuropathy ] [ Severe peripheral vascular disease ] [ Suspected or confirmed DVT ] [ Surgical incision, leg ulceration ] [ Thrombophlebitis ]

Place/Maintain sequential compression device continuous

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Priority: **[ Routine ]** [ STAT ]  
Frequency: **[ Continuous ]**  
Comments:  
Phase of Care: Postpartum

Labs

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Hematology

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CBC with platelet and differential

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Frequency: **[ AM draw For 1 Occurrences ]** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]  
Comments:  
Phase of Care: Postpartum

Hemoglobin

Frequency: **AM draw For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Postpartum

Hematocrit

Frequency: **AM draw For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Postpartum

Chemistry

Creatinine

Frequency: **AM draw, Starting S+1 For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Postpartum

Hypertensive Lab Panel

Pre-Eclampitic Lab Panel (Selection Required)

CBC with differential

Frequency: **STAT For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Postpartum

Comprehensive metabolic panel

Frequency: **STAT For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Postpartum

Prothrombin time with INR

Frequency: **STAT For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Postpartum

Partial thromboplastin time

Frequency: **STAT For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments: Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Phase of Care: Postpartum

Fibrinogen

Frequency: **STAT For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Postpartum

Uric acid

Frequency: **STAT For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Postpartum

LDH

Frequency: **STAT For 1 Occurrences** [ Once ] [ STAT ] [ AM Draw ] [ AM Draw Repeats ] [ Timed ] [ Add-on ]

Comments:

Phase of Care: Postpartum

Urine Protein and Creatinine (Selection Required)

Creatinine level, urine, random

Frequency: **Once For 1 Occurrences** [ Once ] [ AM Draw ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

Protein, urine, random

Frequency: **Once For 1 Occurrences** [ Once ] [ AM Draw ] [ Timed ] [ Add-on ]

Comments:

Phase of Care:

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Consult to Case Management

Phase of Care: Postpartum  
Comments:

Questions:

Consult Reason:  Benefit Issues  Discharge Planning  Home Health  Hospice  Insurance Issues  LTAC Referral  Rehabilitation Referral  SNF Referral  DME  Palliative Care Education  Dialysis Placement  SDOH  Other specify

Consult to Lactation Consultant

Phase of Care: Postpartum  
Comments: If needed

Questions:

Reason for Lactation Consult:  Breast surgery (reduction, implants)  Engorgement (severe)  Failed breastfeeding experience/anxiety  Flat/inverted nipples  Follow-up  Hypoglycemia not responding to breastfeeding  Infant oral/motor dysfunction (tight frenulum, hypotonia, hypertonia)  Jaundice  LATCH scores less than seven (two consecutive scores & more than 24 H old)  Late preterm (less than 37 weeks)  Low milk volume  Maternal medication review  Mom in ICU  Mother request  Multiples  NICU inadequate growth  NICU mom after discharge  Nipple trauma/Nipple shield use  Painful latch  Pump needs  Surrogate mom  Weight loss greater than 10%  Other

Consult PT/OT for Pelvic Floor Therapy OB

Consult to PT for pelvic floor therapy OB

Phase of Care:  
Comments:

Questions:

Indication for Pelvic Floor Therapy:  Cesarean Section  3rd or 4th degree laceration  Nerve injury  Severe pain with ambulation  Prolonged bedrest  Operative vaginal delivery  Postpartum

Consult to OT for pelvic floor therapy OB

Phase of Care:  
Comments:

Questions:

Indication for Pelvic Floor Therapy:  Cesarean Section  3rd or 4th degree laceration  Nerve injury  Severe pain with ambulation  Prolonged bedrest  Operative vaginal delivery  Postpartum

Consult to Social Work

Phase of Care: Postpartum  
Comments:

Questions:

Reason for Consult:  Adoption  Chemical Dependency  Deaf  Discharge Planning  Fetal Demise  Discharge Placement  Hospice Referral  SNF  Suspected Abuse  Suspected Domestic Violence  Teen Pregnancy  Human Trafficking  Dialysis Placement  SDOH  Other Specify

Consult to Spiritual Care

Phase of Care: Postpartum  
Comments:

Questions:

Reason for consult?  Spiritual Support  End of Life Support  Pre-Surgical Prayer  Catholic-Holy Communion  Catholic Priest  Advance Directive  Other Specify

Consult to PT eval and treat

Phase of Care: Postpartum  
Comments:

Questions:

Reasons for referral to Physical Therapy (mark all applicable): [ Unsuccessful mobility attempts with Nursing personnel ] [ Post Neuromuscular or Musculoskeletal Surgery Care. ] [ New functional deficits, not expected to spontaneously recover with medical modalities ] [ History of recent falls (non-syncopal) ] [ Recommendations for post-acute hospital placement ] [ Mobility Program for Ventilated patients ] [ Other ]  
Are there any restrictions for positioning or mobility? [ Yes ] [ No ]  
Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):  
Weight Bearing Status: [ LLE ] [ RLE ] [ LUE ] [ RUE ]

[Additional Orders](#)

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