

Cesarean Section PreOp Only Appears If: HM SB INPATIENT

Default Phase of Care: Pre-op

Enhanced Recovery After Surgery (ERAS) Orders

Guidelines for Antenatal and Preoperative care in Cesarean Delivery: Enhanced Recovery After Surgery Society Recommendations - <https://www.clinicalkey.com#!/content/playContent/1-s2.0-S0002937818307634?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0002937818307634%3Fshowall%3Dtrue&referrer=>
Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents - <https://insights.ovid.com/crossref?an=00000542-201703000-00014>

Cesarean Section ERAS Diet and Nutrition PreOP

Click here for ACOG Committee Opinion - [\epic-nas.et0922.epichosted.com\static\OrderSets\Perioperative pathways enhanced recovery after surgery.pdf](https://epic-nas.et0922.epichosted.com/static/OrderSets/Perioperative%20pathways%20enhanced%20recovery%20after%20surgery.pdf)
Click here for ERAS Guidelines - [\epic-nas.et0922.epichosted.com\static\OrderSets\Guidelines for Antenatal and Preoperative care in Cesarean Delivery.pdf](https://epic-nas.et0922.epichosted.com/static/OrderSets\Guidelines%20for%20Antenatal%20and%20Preoperative%20care%20in%20Cesarean%20Delivery.pdf)
Click here for Preoperative Fasting Guidelines - [\epic-nas.et0922.epichosted.com\static\OrderSets\Practice Guidelines for Preoperative Fasting.pdf](https://epic-nas.et0922.epichosted.com/static/OrderSets\Practice%20Guidelines%20for%20Preoperative%20Fasting.pdf)

NPO except clear liquids, start 8 hours prior to surgery

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: Pre-op

Questions:

NPO: [Except meds] [Except Ice chips] [Except Sips with meds] [Except Sips of clear liquids]
Pre-Operative fasting options:

Clear liquids can be continued until 2 hours prior to surgery

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: Pre-op

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]
Other Options: [Finger Foods] [Safety Tray]
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:

Provide 1 bottle Ensure Pre-Surgery Clear to all non-diabetics at PAT visit. Instruct Patient to complete by 2 hours prior to surgery.

Priority: **Routine**
Frequency: **Once For 1 Occurrences** [Once] [Until Discontinued]
Comments:
Phase of Care: Pre-op

ERAS - acetaminophen (TYLENOL) oral

acetaminophen (TYLENOL) tablet

Dose: 1,000 mg
Route: **oral**
Rate:
Duration:
Frequency: once
Frequency Start:
Number of Doses: 1 Doses
Phase of Care: Pre-op
Administration instructions: to be given 1 hour before start of surgery
Indications: [toothache] [dysmenorrhea] [arthritic pain] [back pain] [myalgia] [fever] [pain] [headache disorder]

acetaminophen ER (TYLENOL) 8 hr tablet

Dose: [650 mg] **1,300 mg**
Route: **oral**
Rate:
Duration:
Frequency: **once** [Once] [Q8H PRN]
Frequency Start:
Number of Doses: 1 Doses

Phase of Care: Pre-op

Administration instructions: to be given 1 hour before start of surgery

Indications: [toothache] [dysmenorrhea] [arthritic pain] [back pain] [myalgia] [fever] [pain] [headache disorder]

General

Pre Anesthesia Testing Orders

The ambulatory orders in this section are specifically for Pre Anesthesia Testing. For additional PAT orders, please use 'Future Status' and 'Pre-Admission Testing Phase of Care'

[] Other Diagnostic Studies (Selection Required)

[] ECG Pre/Post Op

Priority: **[Routine]** [STAT]
Class: Ancillary Performed
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:
Sched inst:

[] Pv carotid duplex

Status: Future, Expires: S+365
Priority: **[Routine]** [STAT]
Class: [Ancillary Performed] **[Clinic Performed]** [External]
Phase of Care: Pre-Admission Testing
Comments:

[] Us vein mapping lower extremity

Status: Future, Expires: S+365
Priority: **[Routine]** [STAT]
Class: [Ancillary Performed] **[Clinic Performed]** [External]
Phase of Care: Pre-Admission Testing
Comments:

[] MRSA PCR

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Specimen type: Nares
Specimen source:
Comments:
Phase of Care: Pre-Admission Testing

[] Us duplex venous lower extremity

Status: Future, Expires: S+365
Priority: **[Routine]** [STAT]
Class: [Ancillary Performed] **[Clinic Performed]** [External]
Phase of Care: Pre-Admission Testing
Comments:

[] Respiratory (Selection Required)

[] Spirometry pre & post w/ bronchodilator, diffusion, lung volumes

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

[] Spirometry, diffusion, lung volumes

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

[] Spirometry pre & post w/ bronchodilator

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

Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

Body Plethysmographic lung volumes

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

Spirometry

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

OP Diffusion Capacity Combination Panel (Selection Required)

Spirometry, diffusion

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

Spirometry, diffusion, lung volumes

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

Spirometry, diffusion, MIPS/MEPS

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

Spirometry, diffusion, lung volumes, MIPS/MEPS

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

Spirometry pre & post w/ bronchodilator, diffusion

Priority: **Routine** [STAT]

Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

Spirometry pre & post w/ bronchodilator, diffusion, lung volumes

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

Spirometry pre & post w/ bronchodilator, diffusion, MIPS/MEPS

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

Spirometry pre & post w/ bronchodilator, diffusion, lung volumes, MIPS/MEPS

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Phase of Care: Pre-Admission Testing
Comments:

Questions:

Encounter type?

Laboratory: Preoperative Testing Labs (Selection Required)

COVID-19 qualitative RT-PCR - Nasal Swab

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Questions:

Specimen Source: **Nasal Swab** [Nasopharyngeal Swab]
Is this for pre-procedure or non-PUI assessment? **Yes** [No]

CBC with platelet and differential

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Comprehensive metabolic panel

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Basic metabolic panel

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:

Comments:
Phase of Care: Pre-Admission Testing

[\[\] Prothrombin time with INR](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[\] Partial thromboplastin time](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[\] Hepatic function panel](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[\] Platelet function analysis](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[\] Hemoglobin A1c](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[\] Type and screen](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[\] hCG qualitative, serum screen](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[Questions:](#)

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

[\[\] POC pregnancy, urine](#)

Priority: **[Routine]** [STAT]
Class: Point Of Care
Comments:
Phase of Care: Pre-Admission Testing

[\[\] Urinalysis, automated with microscopy](#)

Priority: **[Routine]**
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:

Comments:
Phase of Care: Pre-Admission Testing

[\[\] Laboratory: Additional Labs \(Selection Required\)](#)

[\[\] Urinalysis screen and microscopy, with reflex to culture](#)

Priority: **[Routine]**
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Questions:

Specimen Source: **[Urine]**
Specimen Site: [Catheterized] **[Clean catch]** [Cystoscopy] [Foley] [Ileal conduit] [Kidney] [Koch pouch] [Midstream] [Nephrostomy] [Pediatric bag] [Random void] [Stint] [Suprapubic] [Ureteral] [VB1] [VB2] [VB3]

[\[\] CBC hemogram](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[\] HIV 1/2 antigen/antibody, fourth generation, with reflexes](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Questions:

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Manual release] [Block release]

[\[\] Syphilis treponema screen with RPR confirmation \(reverse algorithm\)](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Questions:

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

[\[\] Acute viral hepatitis panel \(HAV, HBV, HCV\)](#)

Priority: **[Routine]**
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[\] Thromboelastograph](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[\] Thromboelastograph - HMW HMSL HMB HMWB](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:

Phase of Care: Pre-Admission Testing

Vitamin D 25 hydroxy level

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Methicillin-resistant staphylococcus aureus (MRSA), NAA

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Specimen type: Nares
Specimen source:
Comments:
Phase of Care: Pre-Admission Testing

T3

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

T4

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Thyroid stimulating hormone

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Prostate specific antigen

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Questions:

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Laboratory: OB Additional Labs HMB (Selection Required) Only Appears If: SB IP ORDERSET HMSJ ONLY

COVID-19 qualitative RT-PCR

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Questions:

Specimen Source: [Nasopharyngeal Swab] [Sputum] [Bronchoalveolar Lavage]
Is this for pre-procedure or non-PUI assessment? [Yes] [No]

CBC with platelet and differential

Priority: **Routine** [STAT]
Status: Future, Expires: S+365

Class: [Lab Collect] [**Clinic Collect**] [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Hepatitis B surface antigen

Priority: [**Routine**] [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] [**Clinic Collect**] [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Syphilis treponema screen with RPR confirmation (reverse algorithm)

Priority: [**Routine**] [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] [**Clinic Collect**] [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Questions:

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Type and screen, obstetrical patient

Priority: [**Routine**] [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] [**Clinic Collect**] [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Rubella Ab IgG

Priority: [**Routine**]
Status: Future, Expires: S+365
Class: [Lab Collect] [**Clinic Collect**] [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

HIV 1/2 antigen/antibody, fourth generation, with reflexes

Priority: [**Routine**] [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] [**Clinic Collect**] [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Questions:

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Manual release] [Block release]

Urinalysis screen and microscopy, with reflex to culture

Priority: [**Routine**]
Status: Future, Expires: S+365
Class: [Lab Collect] [**Clinic Collect**] [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Questions:

Specimen Source: [**Urine**]
Specimen Site: [Catheterized] [**Clean catch**] [Cystoscopy] [Foley] [Ileal conduit] [Kidney] [Koch pouch] [Midstream] [Nephrostomy] [Pediatric bag] [Random void] [Stint] [Suprapubic] [Ureteral] [VB1] [VB2] [VB3]

Urine drugs of abuse screen

Priority: [**Routine**]
Status: Future, Expires: S+365
Class: [Lab Collect] [**Clinic Collect**] [HM Draw Station]
Resulting Agency:

Comments:
Phase of Care: Pre-Admission Testing

Basic metabolic panel

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Pre-Eclamptic Lab Panel (Selection Required) Only Appears If: **SB IP ORDERSET HMSJ ONLY**

CBC with platelet and differential

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Comprehensive metabolic panel

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Prothrombin time with INR

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Partial thromboplastin time, activated

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Fibrinogen

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Uric acid level

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

LDH

Priority: **Routine** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Urine Protein and Creatinine (Selection Required) Only Appears If: **SB IP ORDERSET HMSJ ONLY**

Creatinine level, urine, random

Priority: **Routine**
Status: Future, Expires: S+365
Class: [Lab Collect] **Clinic Collect** [HM Draw Station]
Resulting Agency:
Comments:

Phase of Care: Pre-Admission Testing

Protein, urine, random

Priority: **[Routine]**
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Laboratory: Additional for Bariatric patients

Lipid panel

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Questions:

Has the patient been fasting for 8 hours or more? [Yes] [No]

hCG qualitative, serum screen

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Questions:

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Total iron binding capacity

Priority: **[Routine]**
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

T4, free

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Thyroid stimulating hormone

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Hemoglobin A1c

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Parathyroid hormone

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:

Phase of Care: Pre-Admission Testing

[\[X\] CBC with platelet and differential](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[X\] Prothrombin time with INR](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[X\] Partial thromboplastin time, activated](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[X\] Vitamin A level, plasma or serum](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[X\] Vitamin B12 level](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[X\] Vitamin D 25 hydroxy level](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[X\] Copper level, serum](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[X\] Folate level](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[X\] Vitamin B1 \(thiamine\)](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

[\[X\] Zinc level, serum](#)

Priority: **[Routine]** [STAT]
Status: Future, Expires: S+365
Class: [Lab Collect] **[Clinic Collect]** [HM Draw Station]
Resulting Agency:
Comments:
Phase of Care: Pre-Admission Testing

Case Request

DELIVERY, CESAREAN

Case Request Info:
Panel 1
DELIVERY, CESAREAN, Scheduling/ADT
Phase of Care: Scheduling/ADT
Comments:

C-SECTION + BILATERAL TUBAL LIGATION

Case Request Info:
Panel 1
C-SECTION + BILATERAL TUBAL LIGATION, Scheduling/ADT
Phase of Care: Scheduling/ADT
Comments:

Case request operating room

Case Request Info: Scheduling/ADT
Phase of Care: Scheduling/ADT
Comments:

Inpatient only procedure (Selection Required) Only Appears If: **SB ACTIVE OR COMPLETED OB ADMIT ORDER**

Admit to L&D

Diagnosis:
Phase of Care: Pre-op
Process Instructions:

Questions:

Admitting Physician:
Bed request comments:

Precautions

Aspiration precautions

Comments:
Process Instructions:
Phase of Care: Pre-op

Fall precautions

Comments:
Process Instructions:
Phase of Care: Pre-op

Questions:

Increased observation level needed: [Yes] [No]

Latex precautions

Comments:
Process Instructions:
Phase of Care: Pre-op

Seizure precautions

Comments:
Process Instructions:
Phase of Care: Pre-op

Questions:

Increased observation level needed: [Yes] [No]

Order Panels

OB Panel Orders

Magnesium Sulfate OB Panel (Selection Required)

Vital Signs (Selection Required)

Neuro checks

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

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:

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

Vital signs - T/P/R/BP

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)

Assess breath sounds

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:

Assess: **breath sounds**

Assess for Magnesium Toxicity

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

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:

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

Daily weights

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

Frequency: **[Daily]**

Comments:

Phase of Care:

Toileting - Bedside commode

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)

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

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

lactated ringer's infusion

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

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)

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

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

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)

Loading Dose - magnesium sulfate 6 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 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 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 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 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 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 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 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

Vital signs

Vital signs - T/P/R/BP

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

Activity

Strict bed rest

Priority: **Routine**
Frequency: **Until discontinued, Starting S** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care: Pre-op

Bed rest with bathroom privileges

Priority: **Routine**

Frequency: **Until discontinued, Starting S** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care: Pre-op

Questions:

Bathroom Privileges: [with bathroom privileges] [with bedside commode]

Ambulate with assistance

Priority: **Routine**
Frequency: **3 times daily** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care: Pre-op

Questions:

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

Activity as tolerated

Priority: **Routine**
Frequency: **Until discontinued, Starting S** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care: Pre-op

Questions:

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

Nursing care

Monitor fetal heart tones

Priority: **Routine** [STAT]
Frequency: **Once** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: With non stress test. Obtain 30 min fetal heart tracing. If FHR is Category II or III, continue monitoring and notify physician.
Phase of Care: Pre-op

Questions:

Type: **Continuous** [Intermittent Monitoring] [High risk] [Low risk]

Tocometry

Priority: **Routine** [STAT]
Frequency: **Until discontinued, Starting S** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments: Monitor for contractions while monitoring fetal heart tones. If uterine contractions noted, continue to monitor FHT's and uterine contractions.
Phase of Care: Pre-op

Questions:

Type: **Continuous** [Intermittent]

Fetal nonstress test

Priority: **Routine** [STAT] [Timed]
Frequency: **Once** [Daily] [PRN] [BID] [TID] [4x Daily]
Comments:
Phase of Care: Pre-op

Insert and maintain Foley (Selection Required)

Insert Foley catheter

Priority: **Routine** [STAT]
Frequency: **Once** [Q4H] [Q Shift] [Daily]
Comments: May insert in OR or after regional anesthesia effective
Phase of Care: Pre-op

Questions:

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

Foley Catheter Care

Priority: **Routine** [STAT]

Frequency: **Until discontinued, Starting S** [Until Discontinued] [Daily]
Comments:
Phase of Care: Pre-op

Questions:

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

Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]
Frequency: **Continuous**
Comments:
Phase of Care: Pre-op

Diet

NPO

Frequency: **Diet effective now, Starting S** [Effective Midnight] [Effective Now] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective _____]
Comments: Clear Liquid intake is acceptable up to two hours before surgery
Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.
Phase of Care: Pre-op

Questions:

NPO: [Except meds] [Except Ice chips] **Except Sips with meds** [Except Sips of clear liquids]
Pre-Operative fasting options:

Consent

Complete consent for Primary Cesarean Section

Priority: **Routine** [STAT]
Frequency: **Once** [Q4H] [Q Shift] [Daily]
Comments: Consent for Primary Cesarean Section
Phase of Care: Pre-op

Questions:

Procedure: Primary Cesarean Section
Diagnosis/Condition:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? [Yes] [No] [Unknown]

Complete consent for Primary Cesarean Section with Bilateral Tubal Ligation

Priority: **Routine** [STAT]
Frequency: **Once** [Q4H] [Q Shift] [Daily]
Comments: Consent for Primary Cesarean Section with Bilateral Tubal Ligation
Phase of Care: Pre-op

Questions:

Procedure: Primary Cesarean Section with Bilateral Tubal Ligation
Diagnosis/Condition:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? [Yes] [No] [Unknown]

Complete consent for Primary Cesarean Section with Bilateral Salpingectomy

Priority: **Routine** [STAT]
Frequency: **Once** [Q4H] [Q Shift] [Daily]
Comments: Consent for Primary Cesarean Section with Bilateral Salpingectomy
Phase of Care: Pre-op

Questions:

Procedure: Primary Cesarean Section with Bilateral Salpingectomy
Diagnosis/Condition:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? [Yes] [No] [Unknown]

Complete consent for Repeat Cesarean Section

Priority: **Routine** [STAT]
Frequency: **Once** [Q4H] [Q Shift] [Daily]
Comments: Consent for Repeat Cesarean Section
Phase of Care: Pre-op

Questions:

Procedure: Repeat Cesarean Section

Diagnosis/Condition:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? [Yes] [No] [Unknown]

Complete consent for Repeat Cesarean Section with Bilateral Tubal Ligation

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

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

Comments: Consent for Repeat Cesarean Section with Bilateral Tubal Ligation

Phase of Care: Pre-op

Questions:

Procedure: Repeat Cesarean Section with Bilateral Tubal Ligation

Diagnosis/Condition:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? [Yes] [No] [Unknown]

Complete consent for Repeat Cesarean Section with Bilateral Salpingectomy

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

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

Comments: Consent for Repeat Cesarean Section with Bilateral Salpingectomy

Phase of Care: Pre-op

Questions:

Procedure: Repeat Cesarean Section with Bilateral Salpingectomy

Diagnosis/Condition:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? [Yes] [No] [Unknown]

IV Fluids

IV Fluids

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

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

lactated ringers bolus

Dose: [250 mL] [500 mL] **[1,000 mL]**

Route: **[intravenous]**

Rate:

Duration: **[Administer over: 30 Minutes]** [15 Minutes] [30 Minutes] [60 Minutes]

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

PRN comment: if patient requests epidural - for epidural prehydration

Frequency Start:

Number of Doses:

Phase of Care: Pre-op

Administration instructions: Notify Anesthesiologist immediately if patient requests Epidural and begin pre-epidural hydration. Due to IV shortage, LR or NS will be administered based on availability

Indications:

Or

sodium chloride 0.9 % bolus

Dose: [500 mL] **[1,000 mL]**

Route: **[intravenous]**

Rate:

Duration: **[Administer over: 30 Minutes]** [15] [30] [60] [90] [120]

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

PRN comment: **[if patient requests epidural - for epidural prehydration]** [low blood pressure] [dialysis use]

Frequency Start:

Number of Doses:

Phase of Care: Pre-op

Administration instructions: Notify Anesthesiologist immediately if patient requests Epidural and begin pre-epidural hydration. Due to IV shortage, LR or NS will be administered based on availability

Indications:

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

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

lactated ringer's infusion

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: Pre-op
Administration instructions: Due to IV shortage, LR or NS will be administered based on availability
Indications:

Or

sodium chloride 0.9 % infusion

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

Insert and Maintain IV

Default Phase of Care: Pre-op

Insert peripheral IV

Priority: **[Routine]**
Frequency: **[Once]**
Comments:
Phase of Care:

sodium chloride 0.9 % flush

Dose: [2 mL] [3 mL] [5 mL] [**10 mL**]
Route: **[intravenous]** [intra-catheter]
Rate:
Duration:
Frequency: [Q8H] [**PRN**]
PRN comment: **[line care]**
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Local Anesthetic with Venipuncture Only Appears If: **SB IP ORDERSET HMM ONLY**

buffered lidocaine 1% injection

Dose: 0.15 mL
Route: **[intravenous]** [infiltration] [intradermal]
Rate:
Duration:
Frequency: **[once]** [Once]
Frequency Start:
Number of Doses: 1 Doses
Phase of Care: Pre-op
Administration instructions: Specify Site: ***
Indications:

Local Anesthetic with Venipuncture Only Appears If: **SB IP ORDERSET NOT HMM**

lidocaine PF 1% (XYLOCAINE) injection

Dose: 0.15 mL
Route: **[injection]** [infiltration] [intradermal]
Rate:
Duration:
Frequency: **[once]** [Once]
Frequency Start:
Number of Doses: 1 Doses
Phase of Care: Pre-op
Administration instructions: Specify Site: ***
Indications: [administration of local anesthesia]

Pre-op Antibiotics (Selection Required)

ceFAZolin (ANCEF) IV - Give within 60 minutes prior to C-Section

Dose: 2 g
Route: **[intravenous]**
Rate:
Duration:
Frequency: **once**
Frequency Start:
Number of Doses: 1 Doses
Phase of Care: **Pre-op**
Administration instructions: Give within 60 minutes prior to C-Section
Indications:

Questions:

Indication: [Medical Prophylaxis] **[Surgical Prophylaxis]** [Bloodstream] [Bone/Joint] [CNS] [ENT/Dental Infection] [Febrile Neutropenia] [Intra-abdominal] [Respiratory Tract] [Ophthalmic] [Sepsis of Unknown Source] [Skin and Soft Tissue Infections] [Uro/Genital] [Cardiovascular] [TB/Mycobacterial] [Nocardia] [Other]
Surgical Prophylaxis: [Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration]

azithromycin (ZITHROMAX) IV - Give within 60 minutes prior to C-Section

Dose: [250 mg] **[500 mg]**
Route: **[intravenous]**
Rate:
Duration: **[Administer over: 60 Minutes]** [60 Minutes]
Frequency: **once**
Frequency Start:
Number of Doses: 1 Doses
Phase of Care: **Pre-op**
Administration instructions: Give within 60 minutes prior to C-Section
Indications:

Questions:

Indication: [Medical Prophylaxis] **[Surgical Prophylaxis]** [Bloodstream] [Bone/Joint] [CNS] [ENT/Dental Infection] [Febrile Neutropenia] [Intra-abdominal] [Respiratory Tract] [Ophthalmic] [Sepsis of Unknown Source] [Skin and Soft Tissue Infections] [Uro/Genital] [Cardiovascular] [TB/Mycobacterial] [Nocardia] [Other]
Surgical Prophylaxis: [Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration]

If Penicillin Allergic: clindamycin (CLEOCIN) IV and gentamicin (GARAMYCIN) IV (Selection Required)

clindamycin (CLEOCIN) IV

Dose: 900 mg
Route: **[intravenous]**
Rate:
Duration: **[Administer over: 30 Minutes]** [30 Minutes]
Frequency: **once**
Frequency Start:
Number of Doses: 1 Doses
Phase of Care: **Pre-op**
Administration instructions: Nurse to send medication(s) to operating room - To be administered by Anesthesiologist. To be given 1 hour prior to skin incision.
Indications:

Questions:

Reason for Therapy: [Bacterial Infection Suspected] [Bacterial Infection Documented] **[Surgical Prophylaxis]** [Medical Prophylaxis] [Other]

And

If Penicillin Allergic - gentamicin (GARAMYCIN) IVPB - Give within 60 minutes prior to C-Section

Dose: [3 mg/kg] **[5 mg/kg]** [7 mg/kg]
Route: **[intravenous]**
Rate:
Duration: **[Administer over: 30 Minutes]** [30 Minutes] [60 Minutes]
Frequency: **[once]** [Once] [Q24H] [Q36H] [Q48H]
Frequency Start:
Number of Doses: 1 Doses
Phase of Care: **Pre-op**
Administration instructions: Nurse to send medication(s) to operating room - To be administered by Anesthesiologist. To be given 1 hour prior to skin incision.
Indications:

Questions:

Reason for Therapy: [Bacterial Infection Suspected] [Bacterial Infection Documented] [**Surgical Prophylaxis**] [Medical Prophylaxis] [Other]

PreOp Antibiotics: For Patients GREATER than 100 kg **Give 60 minutes PRIOR to C-Section** Only Appears If: **HM SB WEIGHT > 100 KG**

(X) Pre-op Antibiotics (Selection Required)

ceFAZolin (ANCEF) IV - Give within 60 minutes prior to C-Section

Dose: 3 g
Route: **[intravenous]**
Rate:
Duration:
Frequency: once
Frequency Start:
Number of Doses: 1 Doses
Phase of Care: Pre-op
Administration instructions: Give within 60 minutes prior to C-Section
Indications:

Questions:

Indication: [Medical Prophylaxis] [**Surgical Prophylaxis**] [Bloodstream] [Bone/Joint] [CNS] [ENT/Dental Infection] [Febrile Neutropenia] [Intra-abdominal] [Respiratory Tract] [Ophthalmic] [Sepsis of Unknown Source] [Skin and Soft Tissue Infections] [Uro/Genital] [Cardiovascular] [TB/Mycobacterial] [Nocardia] [Other]
Surgical Prophylaxis: [Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration]

azithromycin (ZITHROMAX) IV - Give within 60 minutes prior to C-Section

Dose: [250 mg] [**500 mg**]
Route: **[intravenous]**
Rate:
Duration: **[Administer over: 60 Minutes]** [60 Minutes]
Frequency: once
Frequency Start:
Number of Doses: 1 Doses
Phase of Care: Pre-op
Administration instructions: Give within 60 minutes prior to C-Section
Indications:

Questions:

Indication: [Medical Prophylaxis] [**Surgical Prophylaxis**] [Bloodstream] [Bone/Joint] [CNS] [ENT/Dental Infection] [Febrile Neutropenia] [Intra-abdominal] [Respiratory Tract] [Ophthalmic] [Sepsis of Unknown Source] [Skin and Soft Tissue Infections] [Uro/Genital] [Cardiovascular] [TB/Mycobacterial] [Nocardia] [Other]
Surgical Prophylaxis: [Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration]

() If Penicillin Allergic: clindamycin (CLEOCIN) IV and gentamicin (GARAMYCIN) IV (Selection Required)

clindamycin (CLEOCIN) IV

Dose: 900 mg
Route: **[intravenous]**
Rate:
Duration: **[Administer over: 30 Minutes]** [30 Minutes]
Frequency: once
Frequency Start:
Number of Doses: 1 Doses
Phase of Care: Pre-op
Administration instructions: Nurse to send medication(s) to operating room - To be administered by Anesthesiologist. To be given 1 hour prior to skin incision.
Indications:

Questions:

Reason for Therapy: [Bacterial Infection Suspected] [Bacterial Infection Documented] [**Surgical Prophylaxis**] [Medical Prophylaxis] [Other]

And

If Penicillin Allergic - gentamicin (GARAMYCIN) IVPB - Give within 60 minutes prior to C-Section

Dose: [3 mg/kg] [**5 mg/kg**] [7 mg/kg]
Route: **[intravenous]**
Rate:
Duration: **[Administer over: 30 Minutes]** [30 Minutes] [60 Minutes]
Frequency: **[once]** [Once] [Q24H] [Q36H] [Q48H]
Frequency Start:
Number of Doses: 1 Doses

Phase of Care: Pre-op

Administration instructions: Nurse to send medication(s) to operating room - To be administered by Anesthesiologist. To be given 1 hour prior to skin incision.

Indications:

Questions:

Reason for Therapy: [Bacterial Infection Suspected] [Bacterial Infection Documented] [**Surgical Prophylaxis**] [Medical Prophylaxis] [Other]

Pre-Anesthesia Medications

famotidine (PEPCID) injection

Dose: 20 mg

Route: **intravenous**

Rate:

Duration:

Frequency: **once PRN** [Daily] [BID]

PRN comment: Decrease gastric acidity

Frequency Start:

Number of Doses:

Phase of Care: Pre-op

Administration instructions:

Indications:

Questions:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [Call me before conversion to PO]

sodium citrate-citric acid (BICITRA) solution

Dose: [15 mL] **[30 mL]**

Route: **oral**

Rate:

Duration:

Frequency: **once PRN** [TID PC] [QID PC]

PRN comment: Decrease gastric acidity

Frequency Start:

Number of Doses:

Phase of Care: Pre-op

Administration instructions:

Indications: [cystinuria] [renal tubular acidosis] [calcium renal calculi prevention] [calcium oxalate renal calculi]

metoclopramide (REGLAN) injection

Dose: [2.5 mg] [5 mg] **[10 mg]** [15 mg] [20 mg] [30 mg] [40 mg]

Route: **intravenous**

Rate:

Duration:

Frequency: **once PRN** [Once] [Q6H] [Q6H PRN]

PRN comment: [heartburn] **[nausea]** [vomiting] Decrease gastric acidity

Frequency Start:

Number of Doses:

Phase of Care: Pre-op

Administration instructions:

Indications:

Questions:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [Call me before conversion to PO]

VTE

Labs

COVID-19 Qualitative PCR

COVID-19 qualitative RT-PCR - Nasal Swab

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

Comments:

Phase of Care: Pre-op

Questions:

Specimen Source: **[Nasal Swab]** [Nasopharyngeal Swab]
Is this for pre-procedure or non-PUI assessment? **[Yes]** [No]

Labs

Bedside glucose

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Daily] [Q4H] [Q6H] [AC only] [AC & HS] [User Schedule]
Comments:
Phase of Care:

OB Panel (Selection Required)

CBC with differential

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

Basic metabolic panel

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

Hepatitis B surface antigen

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

HIV 1/2 antigen/antibody, fourth generation, with reflexes

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

Questions:

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Manual release] [Block release]

Syphilis treponema screen with RPR confirmation (reverse algorithm)

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

Questions:

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Type and screen, obstetrical patient

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

Urinalysis screen and microscopy, with reflex to culture

Frequency: **[Once]** [STAT] [AM Draw] [Timed] [Add-on]
Comments: Specimen must be received in the laboratory within 2 hours of collection.
Phase of Care:

Questions:

Specimen Source: **[Urine]**
Specimen Site: [Catheterized] [Clean catch] [Cystoscopy] [Foley] [Ileal conduit] [Kidney] [Koch pouch] [Midstream] [Nephrostomy] [Pediatric bag] [Random void] [Stint] [Suprapubic] [Ureteral] [VB1] [VB2] [VB3]

No prenatal records (Selection Required)

Rubella antibody, IgG

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

Urine drugs of abuse screen

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

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:

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults

Consult Anesthesiology

Phase of Care:

Comments:

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 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]

Ancillary Consults

[] Consult to PT eval and treat

Phase of Care:
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]

[] Consult to Social Work

Phase of Care:
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:

Comments:

Questions:

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

Additional Orders
