

Vaginal Delivery Post Partum Only Appears If: HM SB INPATIENT

Default Phase of Care: Postpartum

General

Precautions

☐ Fall precautions

On Admission and every 8 hours

☐ Latex precautions

☐ Seizure precautions

Initiate seizure/ PIH precautions

ERAS Pathway

ERAS Pain Medications

☐ ibuprofen (ADVIL) tablet

800 mg, oral, Q8H SCH , Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☐ acetaminophen (TYLENOL) tablet

1,000 mg, oral, Q8H SCH

☐ oxyCODone (ROXICODONE) immediate release tablet

5 mg, oral, Q4H PRN, moderate pain (score 4-6), severe pain (score 7-10) , acute pain

Panel Orders

Postpartum Condition Specific Orders

☐ Magnesium Sulfate OB Panel (Selection Required)

☒ Vital Signs (Selection Required)

☒ Neuro checks

Routine, Until Discontinued, Starting Today, At: N , 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.

☒ Pulse oximetry

Routine, Q2H , 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%

☒ Vital signs - T/P/R/BP

Routine, Q5 Min , 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.

☒ Nursing (Testing) (Selection Required)

☒ Assess breath sounds

Routine, Q2H, Assess: breath sounds, Monitor maternal respiratory effort and breath sounds every 2 hours. Notify physician for shortness of breath or tightness in chest.

☒ Assess for Magnesium Toxicity

Routine, Q15 Min, Starting Today , 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.

☐ Assess for PreEclampsia

Routine, Once , 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.

☐ Daily weights

Routine, Daily

☐ Toileting - Bedside commode

Routine, Until Discontinued, Starting Today, At: N

☒ Strict intake and output

Routine, Q1H

☒ Limit total IV fluid intake to 125 cc/hr

Routine, Until Discontinued, Starting Today, At: N

☐ Insert and maintain Foley (Selection Required)

☒ Insert Foley catheter

Routine, Once , Foley catheter may be removed per nursing protocol.

[\[X\] Foley Catheter Care](#)

Routine, Until Discontinued, Starting Today, At: N

[\[\] Activity \(Selection Required\)](#)

[\[\] Strict bed rest](#)

Routine, Until Discontinued, Starting Today, At: N

[\[X\] Bed rest with bathroom privileges](#)

Routine, Until Discontinued, Starting Today, At: N, Bathroom Privileges: with bathroom privileges

[\[\] Bed rest with bathroom privileges for BM only](#)

Routine, Until Discontinued, Starting Today, At: N, Bathroom Privileges: with bathroom privileges, For bowel movement only

[\[\] Diet \(Selection Required\)](#)

[\[\] NPO](#)

Effective Now, Starting Today, At: N, An NPO order without explicit exceptions means nothing can be given orally to the patient.

[\[X\] NPO with ice chips](#)

Effective Now, Starting Today, At: N, NPO: Except Ice chips, 1/2 cup per hour, An NPO order without explicit exceptions means nothing can be given orally to the patient.

[\[\] Diet - Clear liquids](#)

Effective Now, Starting Today, At: N, Diet(s): Clear Liquids

[\[X\] Notify \(Selection Required\)](#)

[\[X\] Notify Physician for validated vitals:](#)

Routine, Until Discontinued, Starting Today, At: N, Temperature greater than: 100.3, Respiratory rate less than: 10, SpO2 less than: 95, For validated vital signs and for urine output less than 30 milliliters per hour

[\[X\] Notify Physician for magnesium](#)

Routine, Until Discontinued, Starting Today, At: N, Magnesium greater than (mg/dL): 8, Magnesium less than (mg/dL): 4

[\[X\] IV Fluids \(Selection Required\)](#)

[\[X\] 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](#)

75 mL/hr, intravenous, Once, For 1 Doses , Due to IV shortage, LR or NS will be administered based on availability

Or

[sodium chloride 0.9 % infusion](#)

75 mL/hr, intravenous, Once, For 1 Doses , Due to IV shortage, LR or NS will be administered based on availability

[\[X\] 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.

[\[X\] 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](#)

Routine, Until Discontinued, Starting Today, At: N

[\[X\] magnesium sulfate 6 gm IV Loading Dose + Maintenance infusion \(Selection Required\)](#)

[Loading Dose - magnesium sulfate 6 grams IV bolus from bag](#)

6 g, intravenous, Administer over: 30 Minutes, Once, For 1 Doses , Loading Dose - Bolus from Bag

Followed by

[Maintenance Dose - magnesium sulfate IV](#)

intravenous, Continuous, Starting 30 Minutes after signing

[\(\) 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

Routine, Until Discontinued, Starting Today, At: N

☒ magnesium sulfate 4 gm IV Loading Dose + Maintenance infusion (Selection Required)

Loading Dose - magnesium sulfate 4 grams IV bolus from bag

4 g, intravenous, Administer over: 30 Minutes, Once, For 1 Doses , Loading Dose - Bolus from Bag

Followed by

Maintenance Dose - magnesium sulfate IV

intravenous, Continuous, Starting 30 Minutes after signing

☐ Magnesium Sulfate Maintenance Only (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

Routine, Until Discontinued, Starting Today, At: N

☒ magnesium sulfate in water 20 gram/500 mL (4 %) infusion

2 g/hr, intravenous, Continuous

☐ Corticosteroids (Selection Required)

☐ betamethasone acetate & sodium phosphate (CELESTONE) injection

12 mg, intramuscular, Once, For 1 Doses

☐ betamethasone acetate & sodium phosphate (CELESTONE) injection

12 mg, intramuscular, Q12H, For 2 Doses

☐ betamethasone acetate & sodium phosphate (CELESTONE) injection

12 mg, intramuscular, Q24H, For 2 Doses

☒ Rescue Agents (Selection Required)

☒ calcium gluconate injection

1 g, intravenous, Once PRN, rescue agent, For 1 Doses , Administer for respirations less than 12 breaths per minute and call MD.
Calcium GLUCONATE 1 gm = 4.65 MEQ

☐ Labs (Selection Required)

☐ OB magnesium level

Once, Starting Today , After loading dose (MD to enter repeat order information)

☐ OB magnesium level

Once , MD to enter repeat order information

☐ Comprehensive metabolic panel

Once, Starting Tomorrow

☐ Electrolyte panel

Conditional, For 1 Occurrences , Electrolyte panel after 24 hours if receiving combination of Pitocin and Magnesium Sulfate therapy

☐ 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

Routine, Until Discontinued, Starting Today, At: N

☐ 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

20 mg, intravenous, Once PRN, 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., For 1 Doses , Dose #1 of Labetalol
Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

And

labetalol (TRANDATE) injection

40 mg, intravenous, Once PRN, 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), For 1 Doses , 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., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

And

labetalol (TRANDATE) injection

80 mg, intravenous, Once PRN, 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), For 1 Doses , 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., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

[] hydrALAZINE (APRESOLINE) injection

10 mg, intravenous, Once PRN, 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), For 1 Doses , 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, BP HOLD parameters for this order: BP Hold Parameters requested, BP HOLD for: Systolic BP LESS than 100 mmHg

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

hydrALAZINE (APRESOLINE) injection

5 mg, intravenous, Once PRN, 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., For 1 Doses , Give IV Push over 2 minutes
Repeat BP measurements in 20 minutes and record results., BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

And

hydrALAZINE (APRESOLINE) injection

10 mg, intravenous, Once PRN, 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), For 1 Doses , 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., BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

And

labetalol (TRANDATE) injection

20 mg, intravenous, Once PRN, 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), For 1 Doses , Dose #1 of Labetalol
Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

And

labetalol (TRANDATE) injection

40 mg, intravenous, Once PRN, 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), For 1 Doses, 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., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

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

NIFedipine (PROCARDIA) capsule

10 mg, oral, Once PRN, 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., For 1 Doses , Dose #1 of Nifedipine
Repeat BP measurements in 20 minutes and record results.

And

NIFedipine (PROCARDIA) capsule

20 mg, oral, Once PRN, high blood pressure, 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), For 1 Doses , Dose #2 of Nifedipine
Repeat BP measurements in 20 minutes and record results.
If BP is BELOW threshold, continue to monitor BP closely.

And

labetalol (TRANDATE) injection

40 mg, intravenous, Once PRN, 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), For 1 Doses , Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

☐ Pre-Eclampsic Lab Panel (Selection Required)

☒ CBC with differential

STAT, For 1 Occurrences

☒ Comprehensive metabolic panel

STAT, For 1 Occurrences

☒ Prothrombin time with INR

STAT, For 1 Occurrences

☒ Partial thromboplastin time

STAT, For 1 Occurrences, 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.

☒ Fibrinogen

STAT, For 1 Occurrences

☒ Uric acid

STAT, For 1 Occurrences

☒ LDH

STAT, For 1 Occurrences

☐ Urine Protein and Creatinine (Selection Required)

☒ Creatinine level, urine, random

Once, For 1 Occurrences

☒ Protein, urine, random

Once, For 1 Occurrences

☐ Physician Consult (Selection Required)

☐ Consult Anesthesiology

☐ Consult Cardiology

Referral for 1 visits (expires: S+365)

☐ Consult Neurology

Referral for 1 visits (expires: S+365)

☐ Consult Maternal and Fetal Medicine

Referral for 1 visits (expires: S+365)

☐ Consult Neonatology

Referral for 1 visits (expires: S+365)

☐ Consult Obstetrics and Gynecology

Referral for 1 visits (expires: S+365)

Nursing

Activity

☒ Activity as tolerated

Routine, Until Discontinued, Starting Today, At: N, Specify: Activity as tolerated, Postpartum

☒ Patient may shower

Routine, PRN , Postpartum

Vital Signs

☒ Vital signs - T/P/R/BP

Routine, Q15 Min , Complete vital signs every 15 minutes x 8, followed by every 4 hours x 24 hours, followed by floor protocol., Postpartum

[\[\] Vital signs](#)

Routine, Per Unit Protocol , Postpartum

Nursing care

[\[\] Discontinue IV](#)

Routine, Once , Discontinue IV when infusion complete and patient is stable. May saline lock if patient still requires IV medications., Postpartum

[\[\] Breast pump to bed](#)

Routine, Once , Postpartum

[\[X\] Bladder scan](#)

Routine, PRN , If patient remains unable to void 4 hrs post straight cath, insert Foley and Notify physician, Postpartum

[\[X\] Straight cath](#)

Routine, Conditional, For 1 Occurrences , 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)., Postpartum

[\[X\] Insert and maintain Foley \(Selection Required\)](#)

[\[X\] Insert Foley catheter](#)

Routine, Conditional, For 1 Occurrences , 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)., Postpartum

[\[X\] Foley Catheter Care](#)

Routine, Conditional , Postpartum

[\[\] Uterine fundal massage](#)

Routine, Q4H, For Until specified , Postpartum for 24 hours and PRN, Postpartum

[\[\] Infant skin to skin on mother immediately after birth unless not clinically appropriate](#)

Routine, Until Discontinued, Starting Today, At: N , Postpartum

[\[\] Initiate breastfeeding immediately following delivery](#)

Routine, Until Discontinued, Starting Today, At: N , Postpartum

[\[\] Place/Maintain sequential compression device continuous](#)

Routine, Continuous , Postpartum

[\[\] Place antiembolic stockings](#)

Routine, Until Discontinued, Starting Today, At: N , Postpartum

Perineal Care

[\[X\] Apply ice pack](#)

Routine, Until Discontinued, Starting Today, At: N, 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., Postpartum

[\[\] Sitz bath](#)

Routine, Once , Begin 8-12 hours post-delivery as needed, Postpartum

[\[X\] Patient education- Perineal instructions post delivery](#)

Routine, Once, Patient/Family: Patient, Education for: Other (specify), Specify: Perineal care instructions after delivery, Postpartum

Notify

[\[X\] Notify Physician for vitals:](#)

Routine, Until Discontinued, Starting Today, At: N, Temperature greater than: 100.3, Systolic BP greater than: 160, Systolic BP less than: 90, Diastolic BP greater than: 110, Diastolic BP less than: 50, 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 for Validated Vital Signs

[\[\] Notify Physician if uterus boggy and blood pressure is less than 140/90](#)

Routine, Until Discontinued, Starting Today, At: N

[\[X\] Notify Physician for abnormal bleeding](#)

Routine, Until Discontinued, Starting Today, At: N

[\[\] Notify Lactation Specialist](#)

Routine, Until Discontinued, Starting Today, At: N, To see patient

[\[X\] Notify Physician for discharge order when:](#)

Routine, Until Discontinued, Starting Today, At: N, 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

[\[X\] Notify Physician if foley catheter is inserted](#)

Routine, Until Discontinued, Starting Today, At: N, If patient has a regional block, unable to void on bedpan and a foley is inserted

Diet

[\[X\] Diet - Regular](#)

Effective Now, Starting Today, At: N, Diet(s): Regular, Postpartum

[\[\] Diet - Clear Liquid](#)

Effective Now, Starting Today, At: N, Diet(s): Clear Liquids, Advance Diet as Tolerated? Yes, Postpartum

IV Fluids

Medications

Vaccines

[\[X\] measles-mumps-rubella Vaccine](#)

0.5 mL, subcutaneous, Once PRN, immunization, For 1 Doses, Postpartum , Patient Consent if Rubella Non-Immune

[\[X\] diphtheria-pertussis-tetanus \(BOOSTRIX / ADACEL\) Vaccine](#)

0.5 mL, intramuscular, Once PRN, If not given during pregnancy., For 1 Doses, Postpartum , Upon patient consent and prior to discharge.

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

[\[\] prenatal multivitamin tab/cap](#)

1 each, oral, Daily, Postpartum , Prenatal Vitamin is available as a Tablet or Capsule

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

[\[\] prenatal multivitamin tab/cap](#)

1 each, oral, Daily, Postpartum , Prenatal Vitamin is available as a Tablet or Capsule

NALOXONE FOR OBGYN VAGINAL DELIVERY POST PARTUM OPIOID PAIN MEDICATIONS

Default Phase of Care: Postpartum

[\[X\] naloxone \(NARCAN\) 0.4 mg/mL injection](#)

intravenous, PRN, respiratory depression, opioid reversal, L&D Pre-Delivery

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

[\(\) acetaminophen \(TYLENOL\) tablet](#)

650 mg, oral, Q6H PRN, mild pain (score 1-3), headaches, fever, Postpartum , Monitor and record pain scores and respiratory status., Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

[\(\) HYDROcodone-acetaminophen \(NORCO\) 5-325 mg per tablet](#)

1 tablet, oral, Q4H PRN, mild pain (score 1-3), Postpartum , Monitor and record pain scores and respiratory status., Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

1 tablet, oral, Q6H PRN, mild pain (score 1-3), Postpartum, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

[\(\) acetaminophen \(TYLENOL\) tablet](#)

650 mg, oral, Q6H PRN, mild pain (score 1-3), headaches, fever, Postpartum , Monitor and record pain scores and respiratory status., Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

[\(\) HYDROcodone-acetaminophen \(NORCO\) 5-325 mg per tablet](#)

1 tablet, oral, Q4H PRN, mild pain (score 1-3), Postpartum , Monitor and record pain scores and respiratory status., Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

1 tablet, oral, Q6H PRN, mild pain (score 1-3), Postpartum, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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](#)

1 tablet, oral, Q6H PRN, moderate pain (score 4-6), Postpartum, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

2 tablets, oral, Q6H PRN, moderate pain (score 4-6), Postpartum, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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**

1 tablet, oral, Q6H PRN, moderate pain (score 4-6), Postpartum, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

2 tablets, oral, Q6H PRN, moderate pain (score 4-6), Postpartum, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

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

1 tablet, oral, Q6H PRN, moderate pain (score 4-6), Postpartum, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

2 tablets, oral, Q6H PRN, moderate pain (score 4-6), Postpartum, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

Severe Pain (Pain Score 7-10)

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

1 tablet, oral, Q6H PRN, severe pain (score 7-10), Postpartum , acute pain

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

2 tablets, oral, Q6H PRN, severe pain (score 7-10), Postpartum , Monitor and record pain scores and respiratory status. , acute pain

☐ **oxyCODONE (ROXICODONE) immediate release tablet**

5 mg, oral, Q4H PRN, severe pain (score 7-10), Postpartum, Monitor and record pain scores and respiratory status,
, acute pain

Adjunct Pain Medications

☐ **ibuprofen (ADVIL,MOTRIN) tablet**

600 mg, oral, Q6H PRN, Cramping, Laceration or Incision Pain, Postpartum , May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets. May be used in conjunction with oral opioid agents for moderate pain

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

15 mg, intravenous, Q6H PRN, moderate pain (score 4-6), Starting 6 Hours after signing, Postpartum , May be used in conjunction with oral opioid agents for moderate pain

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

30 mg, intravenous, Q6H PRN, moderate pain (score 4-6), Starting 6 Hours after signing, Postpartum , May be used in conjunction with oral opioid agents for moderate pain

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

☒ **dibucaine (NUPERCAINAL) 1 % ointment**

Topical, Q3H PRN, hemorrhoids, Postpartum , Specify Site: Perineum

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

Topical, PRN, irritation, Postpartum , PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications

☐ **hydrocortisone-pramoxine (PROCTOFOAM-HS) rectal foam**

1 applicator, rectal, BID, Postpartum

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

Topical, Daily PRN, irritation, Postpartum , Specify Site: Rectum

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

☒ **dibucaine (NUPERCAINAL) 1 % ointment**

Topical, Q3H PRN, hemorrhoids, Postpartum , Specify Site: Perineum

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

Topical, PRN, irritation, Postpartum , PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications

☐ **dibucaine (NUPERCAINAL) 1 % ointment**

1 Application, Topical, TID, Postpartum , Specify Site: Perineum

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

Topical, Daily PRN, irritation, Postpartum , Specify Site: Rectum

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

☒ [dibucaine \(NUPERCAINAL\) 1 % ointment](#)

Topical, Q3H PRN, hemorrhoids, Postpartum , Specify Site: Perineum

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

Topical, PRN, irritation, Postpartum , PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications

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

Topical, Daily PRN, irritation, Postpartum , Specify Site: Rectum

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

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

Topical, PRN, irritation, Postpartum , PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications

☒ [dibucaine \(NUPERCAINAL\) 1 % ointment](#)

1 Application, Topical, PRN, hemorrhoids, Postpartum , Specify Site: Perineum

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

Topical, Daily PRN, irritation, Postpartum , Specify Site: Rectum

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

☒ [dibucaine \(NUPERCAINAL\) 1 % ointment](#)

Topical, Q3H PRN, hemorrhoids, Postpartum , Specify Site: Perineum

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

Topical, PRN, irritation, Postpartum , PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications

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

1 Application, Topical, TID, Postpartum , Specify Site: ***

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

Topical, Daily PRN, irritation, Postpartum , Specify Site: Rectum

Breast Care

☒ [lanolin cream](#)

1 Application, Topical, PRN, dry skin, nipple redness or pain, Postpartum , Specify Site: Nipples

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

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

2 tablets, oral, Nightly PRN, constipation, Postpartum

☐ [magnesium hydroxide suspension](#)

30 mL, oral, Nightly PRN, indigestion, Postpartum

☐ [docusate sodium \(COLACE\) capsule](#)

100 mg, oral, BID PRN, constipation, Postpartum

☒ [bisacodyl \(DULCOLAX\) suppository](#)

10 mg, rectal, Daily PRN, constipation, Postpartum

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

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

2 tablets, oral, Nightly PRN, constipation, Postpartum

☐ [magnesium hydroxide suspension](#)

30 mL, oral, Nightly PRN, indigestion, Postpartum

☐ [docusate sodium \(COLACE\) capsule](#)

100 mg, oral, BID PRN, constipation, Postpartum

☒ [bisacodyl \(DULCOLAX\) suppository](#)

10 mg, rectal, Daily PRN, constipation, Postpartum

Fever Care

☒ [acetaminophen \(TYLENOL\) tablet](#)

650 mg, oral, Q6H PRN, fever, For temperature greater than 100.3, Postpartum

[] aspirin tablet

325 mg, oral, Q4H PRN, For temperature greater than 100.4, Postpartum

oxytocin (PITOCIN) Bolus and Maintenance Infusion

[X] oxytocin (PITOCIN) Bolus and Maintenance Infusion (Selection Required)

oxytocin 30 unit/500 mL bolus from bag

10 Units, intravenous, Administer over: 30 Minutes, Once, For 1 Doses, Postpartum

Followed by

oxytocin (PITOCIN) infusion

5.7 Units/hr, intravenous, Continuous, Starting 30 Minutes after signing, Postpartum , 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.

Bleeding Medications

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

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

oxytocin (PITOCIN) infusion

5.7 Units/hr, intravenous, Continuous PRN, PostPartum Vaginal Bleeding, Postpartum , If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.

And

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

200 mcg, intramuscular, Once PRN, as needed for vaginal bleeding not controlled by oxytocin, For 1 Doses, Postpartum , Use if inadequate response to oxytocin. Notify Physician if further treatment needed. Contraindicated if BP GREATER than 140/90 mmHg

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

oxytocin (PITOCIN) infusion

5.7 Units/hr, intravenous, Continuous PRN, PostPartum Vaginal Bleeding, Postpartum , If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.

And

carboprost (HEMABATE) injection

250 mcg, intramuscular, Once PRN, for Vaginal Bleeding uncontrolled by oxytocin., For 1 Doses, Postpartum

And

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

1 tablet, oral, Once PRN, diarrhea, For 1 Doses, Postpartum

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

oxytocin (PITOCIN) infusion

5.7 Units/hr, intravenous, Continuous PRN, Postpartum Bleeding, Postpartum , If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr

And

misoprostol (CYTOTEC) tablet

1,000 mcg, rectal, Once PRN, as needed for vaginal bleeding not controlled by oxytocin, For 1 Doses, Postpartum , Use if inadequate response to oxytocin. Notify Physician if further treatment needed.

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

4 mg, oral, Q8H PRN, nausea, vomiting, Postpartum , Give if patient is able to tolerate oral medication.

Or

ondansetron (ZOFTRAN) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, Postpartum , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

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

promethazine (PHENERGAN) 12.5 mg IV

12.5 mg, intravenous, Q6H PRN, nausea, vomiting, Postpartum , 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.

Or

promethazine (PHENERGAN) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, Postpartum , Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.

Or

promethazine (PHENERGAN) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, Postpartum , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

Or

promethazine (PHENERGAN) intraMUSCULAR injection

12.5 mg, intramuscular, Q6H PRN, nausea, vomiting , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

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

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

ondansetron ODT (ZOFran-ODT) disintegrating tablet

4 mg, oral, Q8H PRN, nausea, vomiting, Postpartum , Give if patient is able to tolerate oral medication.

Or

ondansetron (ZOFran) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, Postpartum , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

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

promethazine (PHENERGAN) injection

12.5 mg, intravenous, Q6H PRN, nausea, vomiting , 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.

Or

promethazine (PHENERGAN) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, Postpartum , Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.

Or

promethazine (PHENERGAN) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, Postpartum , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

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

4 mg, oral, Q8H PRN, nausea, vomiting, Postpartum , Give if patient is able to tolerate oral medication.

Or

ondansetron (ZOFran) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, Postpartum , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

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

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

12.5 mg, intravenous, Administer over: 30 Minutes, Q6H PRN, nausea, vomiting, Postpartum , 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.

Or

promethazine (PHENERGAN) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, Postpartum , Give if ondansetron (ZOFran) is ineffective and patient is able to tolerate oral medication.

Or

promethazine (PHENERGAN) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, Postpartum , Give if ondansetron (ZOFran) is ineffective and patient is UNable to tolerate oral medication.

Insomnia: Diphenhydramine

Default Phase of Care: Postpartum

☒ diphenhydrAMINE (BENADRYL) tablet

25 mg, oral, Nightly PRN, sleep

Rh Negative Mother

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.

Routine, Until Discontinued, Starting Today, At: N , Postpartum

Labs

☒ Fetal Screen

Conditional, Starting Today, For 1 Occurrences , Conditional- One activation- If Rh Negative Mom and Rh Positive infant, Postpartum

☐ Rhogam Type and Screen

Once , Postpartum

Medication

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

300 mcg, intramuscular, PRN, 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., For 1 Doses, Postpartum

VTE

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

☐ VERY LOW Risk of VTE

Ambulate

Routine, TID , Early ambulation, Postpartum

And

Very low risk of VTE

Routine, Once, Postpartum

And

Avoid dehydration

Routine, Until Discontinued, Starting Today, At: N , Postpartum

☐ LOW Risk of VTE

Delivery BMI > 40 kg/m2

☒ Low risk of VTE

Routine, Once, Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory, Postpartum

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., 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.

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

Routine, Once, Postpartum

☐ Pharmacological Prophylaxis (Selection Required)

☐ enoxaparin (LOVENOX) injection (Selection Required)

☐ enoxaparin (LOVENOX) injection

40 mg, subcutaneous, Daily at 1700, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

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

30 mg, subcutaneous, Daily at 1700, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

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

40 mg, subcutaneous, Q12H SCH, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

☐ HEParin subcutaneous (Selection Required)

☒ HEParin (porcine) injection

10,000 Units, subcutaneous, Q12H SCH, Starting 12 Hours after signing, Postpartum , Wait at least 1 hour after epidural catheter removal before administering heparin

☒ Partial thromboplastin time, activated

Once, Starting 12 Hours after signing, For 1 Occurrences , Obtain prior to heparin dose, Postpartum

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

Routine, Until Discontinued, Starting Today, At: N , Postpartum

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once, Postpartum

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , SCD throughout hospitalization., 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

Routine, Once, Postpartum

☒ Pharmacological Prophylaxis (Selection Required)

☐ enoxaparin (LOVENOX) injection (Selection Required)

☐ enoxaparin (LOVENOX) injection

40 mg, subcutaneous, Daily at 1700, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

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

30 mg, subcutaneous, Daily at 1700, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

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

40 mg, subcutaneous, Q12H SCH, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

☐ HEParin subcutaneous (Selection Required)

☒ HEParin (porcine) injection

10,000 Units, subcutaneous, Q12H SCH, Starting 12 Hours after signing, Postpartum , Wait at least 1 hour after epidural catheter removal before administering heparin

☒ Partial thromboplastin time, activated

Once, Starting 12 Hours after signing, For 1 Occurrences , Obtain prior to heparin dose, Postpartum

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

Routine, Until Discontinued, Starting Today, At: N , Postpartum

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once, Postpartum

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., 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

Routine, Once, Postpartum

☒ Pharmacological Prophylaxis (Selection Required)

☐ enoxaparin (LOVENOX) injection (Selection Required)

☒ enoxaparin (LOVENOX) injection

1 mg/kg, subcutaneous, Q12H SCH, Starting 24 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin

☒ Basic metabolic panel - STAT

STAT, For 1 Occurrences , Postpartum

☐ Anti Xa, low molecular weight

Once, Starting 24 Hours after signing , Draw specimen 4 hours after subcutaneous injection, Postpartum

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

☒ enoxaparin (LOVENOX) injection

1 mg/kg, subcutaneous, Q24H SCH, Starting 24 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin

☒ Basic metabolic panel - STAT

STAT, For 1 Occurrences , Postpartum

☐ Anti Xa, low molecular weight

Once, Starting 24 Hours after signing , Draw specimen 4 hours after subcutaneous injection, Postpartum

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

STAT, Until Discontinued, Starting Today, At: N, For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.

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

Routine, Until Discontinued, Starting Today, At: N , Postpartum

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once, Postpartum

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , While in bed AND until fully ambulatory, 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

Routine, Once, Postpartum

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

Routine, Once, No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.,
Postpartum

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , 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

Routine, Once, Postpartum

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

Routine, Once, Postpartum

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , 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

☒ High risk of VTE

Routine, Once, Postpartum

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

Routine, Once, Postpartum

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , 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

☒ High risk of VTE

Routine, Once, Postpartum

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

Routine, Once, Postpartum

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , 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

Routine, TID , Early ambulation, Postpartum

And

Very low risk of VTE

Routine, Once, Postpartum

And

Avoid dehydration

Routine, Until Discontinued, Starting Today, At: N , Postpartum

☐ LOW Risk of VTE

Delivery BMI > 40 kg/m2

☒ Low risk of VTE

Routine, Once, Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory, Postpartum

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., 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.

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

Routine, Once, Postpartum

☐ Pharmacological Prophylaxis (Selection Required)

☐ enoxaparin (LOVENOX) injection (Selection Required)

☐ enoxaparin (LOVENOX) injection

40 mg, subcutaneous, Daily at 1700, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

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

30 mg, subcutaneous, Daily at 1700, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

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

40 mg, subcutaneous, Q12H SCH, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

☐ HEParin subcutaneous (Selection Required)

☒ HEParin (porcine) injection

10,000 Units, subcutaneous, Q12H SCH, Starting 12 Hours after signing, Postpartum , Wait at least 1 hour after epidural catheter removal before administering heparin

☒ Partial thromboplastin time, activated

Once, Starting 12 Hours after signing, For 1 Occurrences , Obtain prior to heparin dose, Postpartum

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

Routine, Until Discontinued, Starting Today, At: N , Postpartum

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once, Postpartum

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

☐ **Contraindications exist for mechanical prophylaxis**

Routine, Once, Postpartum

☒ **Place/Maintain sequential compression device continuous**

Routine, Continuous , SCD throughout hospitalization., 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**

Routine, Once, Postpartum

☒ **Pharmacological Prophylaxis (Selection Required)**

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

☐ **enoxaparin (LOVENOX) injection**

40 mg, subcutaneous, Daily at 1700, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

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

30 mg, subcutaneous, Daily at 1700, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

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

40 mg, subcutaneous, Q12H SCH, Starting 12 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin, Indication(s): VTE Prophylaxis

☐ **HEParin subcutaneous (Selection Required)**

☒ **HEParin (porcine) injection**

10,000 Units, subcutaneous, Q12H SCH, Starting 12 Hours after signing, Postpartum , Wait at least 1 hour after epidural catheter removal before administering heparin

☒ **Partial thromboplastin time, activated**

Once, Starting 12 Hours after signing, For 1 Occurrences , Obtain prior to heparin dose, Postpartum

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

Routine, Until Discontinued, Starting Today, At: N , Postpartum

☐ **Contraindications exist for pharmacologic prophylaxis**

Routine, Once, Postpartum

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

☐ **Contraindications exist for mechanical prophylaxis**

Routine, Once, Postpartum

☒ **Place/Maintain sequential compression device continuous**

Routine, Continuous , While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., 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**

Routine, Once, Postpartum

☒ **Pharmacological Prophylaxis (Selection Required)**

☐ enoxaparin (LOVENOX) injection (Selection Required)

☒ enoxaparin (LOVENOX) injection

1 mg/kg, subcutaneous, Q12H SCH, Starting 24 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin

☒ Basic metabolic panel - STAT

STAT, For 1 Occurrences , Postpartum

☐ Anti Xa, low molecular weight

Once, Starting 24 Hours after signing , Draw specimen 4 hours after subcutaneous injection, Postpartum

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

☒ enoxaparin (LOVENOX) injection

1 mg/kg, subcutaneous, Q24H SCH, Starting 24 Hours after signing, Postpartum , Wait at least 4 hours after epidural catheter removal before administering enoxaparin

☒ Basic metabolic panel - STAT

STAT, For 1 Occurrences , Postpartum

☐ Anti Xa, low molecular weight

Once, Starting 24 Hours after signing , Draw specimen 4 hours after subcutaneous injection, Postpartum

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

STAT, Until Discontinued, Starting Today, At: N, For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.

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

Routine, Until Discontinued, Starting Today, At: N , Postpartum

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once, Postpartum

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , While in bed AND until fully ambulatory, 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

Routine, Once, Postpartum

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

Routine, Once, Postpartum

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , 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

Routine, Once, Postpartum

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

Routine, Once, Postpartum

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , 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

☒ High risk of VTE

Routine, Once, Postpartum

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

Routine, Once, Postpartum

☒ Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , 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

☒ High risk of VTE

Routine, Once, Postpartum

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

Routine, Once, Postpartum

☐ Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Routine, Once, Postpartum

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , Postpartum

Labs

Hematology

☐ CBC with platelet and differential

AM Draw, For 1 Occurrences , Postpartum

☐ Hemoglobin

AM Draw, For 1 Occurrences , Postpartum

☐ Hematocrit

AM Draw, For 1 Occurrences , Postpartum

Chemistry

☐ Creatinine

AM Draw, Starting Tomorrow, For 1 Occurrences , Postpartum

Hypertensive Lab Panel

☐ Pre-Eclampsic Lab Panel (Selection Required)

☒ CBC with differential

STAT, For 1 Occurrences , Postpartum

☒ Comprehensive metabolic panel

STAT, For 1 Occurrences , Postpartum

☒ Prothrombin time with INR

STAT, For 1 Occurrences , Postpartum

☒ Partial thromboplastin time

STAT, For 1 Occurrences, 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., Postpartum

☒ Fibrinogen

STAT, For 1 Occurrences , Postpartum

☒ Uric acid

STAT, For 1 Occurrences , Postpartum

☒ LDH

STAT, For 1 Occurrences , Postpartum

☐ Urine Protein and Creatinine (Selection Required)

☒ Creatinine level, urine, random

Once, For 1 Occurrences

☒ Protein, urine, random

Once, For 1 Occurrences

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

☐ Consult to Case Management

Postpartum

☒ Consult to Lactation Consultant

Postpartum, If needed

☐ Consult PT/OT for Pelvic Floor Therapy OB

☒ Consult to PT for pelvic floor therapy OB

☒ Consult to OT for pelvic floor therapy OB

☐ Consult to Social Work

Postpartum

☐ Consult to Spiritual Care

Postpartum

☐ Consult to PT eval and treat

Postpartum

Additional Orders