

Cesarean Section PostOp Only Appears If: **HM SB INPATIENT**

Default Phase of Care: Post-op
ERAS orders now in the related section

General

Admission Orders (Selection Required) Only Appears If: **SB ACTIVE OR COMPLETED ADMIT ORDER**

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

(X) Admit to L&D

PACU & Post-op

Code Status Only Appears If: **SB PHYSICIAN ONLY NO RESIDENTS OR FELLOWS**

@CERMSGREFRESHOPT(674511:21703,,,1)@

[X] Code Status

DNR and Modified Code orders should be placed by the responsible physician.

() Full code

Post-op

() DNR (Do Not Resuscitate) (Selection Required)

[X] DNR (Do Not Resuscitate)

Post-op

[] Consult to Palliative Care Service (Selection Required) Only Appears If: **SB IP ORDERSET NOT HMSTC**

[X] Consult to Palliative Care Service

[] Consult to Social Work

Post-op

() Modified Code

Post-op

[] Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))

Post-op

Isolation

[] Airborne isolation status (Selection Required)

[X] Airborne isolation status

[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.

Once , Post-op

[] Contact isolation status

[] Droplet isolation status

[] Enteric isolation status

Precautions

[] Aspiration precautions

Post-op

[] Fall precautions

Post-op

[] Latex precautions

Post-op

[] Seizure precautions

Post-op

Common Present on Admission Diagnosis

[] Acidosis

Post-op

[] Acute Post-Hemorrhagic Anemia

Post-op

[\[\] Acute Renal Failure](#)

Post-op

[\[\] Acute Respiratory Failure](#)

Post-op

[\[\] Acute Thromboembolism of Deep Veins of Lower Extremities](#)

Post-op

[\[\] Anemia](#)

Post-op

[\[\] Bacteremia](#)

Post-op

[\[\] Bipolar disorder, unspecified](#)

Post-op

[\[\] Cardiac Arrest](#)

Post-op

[\[\] Cardiac Dysrhythmia](#)

Post-op

[\[\] Cardiogenic Shock](#)

Post-op

[\[\] Decubitus Ulcer](#)

Post-op

[\[\] Dementia in Conditions Classified Elsewhere](#)

Post-op

[\[\] Disorder of Liver](#)

Post-op

[\[\] Electrolyte and Fluid Disorder](#)

Post-op

[\[\] Intestinal Infection due to Clostridium Difficile](#)

Post-op

[\[\] Methicillin Resistant Staphylococcus Aureus Infection](#)

Post-op

[\[\] Obstructive Chronic Bronchitis with Exacerbation](#)

Post-op

[\[\] Other Alteration of Consciousness](#)

Post-op

[\[\] Other and Unspecified Coagulation Defects](#)

Post-op

[\[\] Other Pulmonary Embolism and Infarction](#)

Post-op

[\[\] Phlebitis and Thrombophlebitis](#)

Post-op

[\[\] Protein-calorie Malnutrition](#)

Post-op

[\[\] Psychosis, unspecified psychosis type](#)

Post-op

[\[\] Schizophrenia Disorder](#)

Post-op

☐ Sepsis

Post-op

☐ Septic Shock

Post-op

☐ Septicemia

Post-op

☐ Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled

Post-op

☐ Urinary Tract Infection, Site Not Specified

Post-op

Order Panels

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.

☒ Foley Catheter Care

Routine, Until Discontinued, Starting Today, At: N

☐ Activity (Selection Required)

☐ Strict bed rest

Routine, Until Discontinued, Starting Today, At: N

☒ 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.

☒ 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

☒ Notify (Selection Required)

☒ 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

☒ Notify Physician for magnesium

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

☒ 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

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

☒ 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

Routine, Until Discontinued, Starting Today, At: N

☒ 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.

☒ 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.

[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 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

[X] Rescue Agents (Selection Required)

[X] 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)

[X] Notify (Selection Required)

[X] 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-Eclamptic 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

Vital signs

☒ OB Vital Signs-P/R/BP

Routine, Q15 Min, Nurse to reschedule vitals:", , -Every 15 minutes for 8 times (First 2 hours), , -Every 1 hour for 10 times (Next 10 hours), , -Every 2 hours for 6 times (Next 12 hours), , -Followed by unit Guidelines of Care (Subsequent hours), PACU & Post-op

☒ Check temperature

Routine, Conditional, Nurse to reschedule vitals:", , -Every 15 minutes if hypothermic: <96.8°F or < 36°C until normothermia is achieved (First 2 hours), , OR, , -Every 1 hour for 2 times if normothermic: 96.9°F - 100.3°F or 36°C - 37.9°C (First 2 hours), , -Every 4 hours for 2 times (Next 8 hour), , -Every 8 hours (Subsequent hours), , (Assess more frequently when febrile: greater than or equal to 100.4°F or greater than or equal to 38°C), PACU & Post-op

☐ Intake and output

Routine, Q Shift , PACU & Post-op

Activity

☐ ERAS Activity-Encourage early mobilization and ambulation

☒ Assess ability to bear weight in 4 hours postop; May start ambulation once able to bear weight

Routine, Until Discontinued, Starting Today, At: N, For Until specified , Post-op

☐ [Ambulate with assistance](#)

Routine, Until Discontinued, Starting Today, At: N, Specify: with assistance, Provide assistance as needed, Post-op

Nursing care

☐ [Saline lock IV](#)

Routine, Continuous , Post-op

☐ [Breast pump to bed](#)

Routine, Once , Post-op

☐ [Abdominal binder](#)

Routine, Once , Post-op

☒ [Encourage deep breathing and coughing](#)

Routine, Q2H , Until ambulatory, Post-op

☒ [Incentive spirometry instructions](#)

Routine, Once, For 1 Occurrences, Frequency of use: Every 2 hours. Place at bedside. Encourage patient to use., Post-op

☐ [K-pad to bedside](#)

Routine, Until Discontinued, Starting Today, At: N , Post-op

☐ [ERAS Urinary catheter-Recommend early removal of urinary catheter between 2 to 12 hours postop](#)

Click here for ERAS urinary catheter removal guidelines - [\\epic-nas.et0922.epichosted.com\static\OrderSets\Postoperative urinary catheter removal for Enhanced.pdf](https://epic-nas.et0922.epichosted.com/static/OrderSets/Postoperative%20urinary%20catheter%20removal%20for%20Enhanced.pdf)

☒ [Remove Foley catheter \(Do not remove if patient is on magnesium sulfate, had postpartum hemorrhage or bladder injury\)](#)

Routine, Once, Starting Today , Discontinue foley in *** hours., Post-op

☐ [Remove Foley catheter](#)

Routine, Once , When patient is able to ambulate, Post-op

☒ [Bladder scan](#)

Routine, PRN , Bladder scan if patient has not voided in 6 hours post foley removal. If urine present, assist patient to void, preferably in upright position, on bedpan. Notify physician if patient unable to void., Post-op

☒ [Assist patient to void on bedpan post epidural removal if unable to void and is fall risk](#)

Routine, PRN , If patient unable to void, scan bladder and assist to void on bedpan, preferably in upright position. If patient is still unable to void notify physician. See orders for straight cath and inserting foley., Post-op

☒ [Straight cath](#)

Routine, Conditional, For 1 Occurrences , Post bladder scan & bedpan: If regional block and unable to void, may straight cath x 1 then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Post-op

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

☒ [Insert Foley catheter](#)

Routine, Once, For 1 Occurrences , If regional block and unable to void post straight cath x 1, then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Post-op

☒ [Foley Catheter Care](#)

Routine, Until Discontinued, Starting Today, At: N , Post-op

☒ [Uterine fundal massage](#)

Routine, Q4H, For Until specified , Uterine Fundal Massage postpartum for 24 hour and PRN, PACU & Post-op

Nursing POD 2

☐ [Activity as tolerated](#)

Routine, Until Discontinued, Starting S+2, Specify: Activity as tolerated, Post-op

☐ [Remove abdominal dressing 48 hours PostOP](#)

Routine, Until Discontinued, Starting S+2 , Post-op

☐ [Saline lock IV](#)

Routine, Continuous , Post-op

☐ [Discontinue IV](#)

Routine, Once, Starting S+2 , After epidural is removed., Post-op

☐ [Call for discharge order when:](#)

Routine, Until Discontinued, Starting S+2, At: 1200 , Patient is afebrile x 24 hours, voiding adequately, oral intake satisfactory, pain managed with oral medication, patient has discharge prescriptions (if indicated), patient able to verbalize discharge instructions, Post-op

Nursing POD 3

☒ Call for discharge order when:

Routine, Until Discontinued, Starting S+3 , Patient is afebrile x 24 hours, voiding adequately, oral intake satisfactory, pain managed with oral medication, patient has discharge prescriptions (if indicated), patient able to verbalize discharge instructions

☐ Remove staples

Routine, Once, Starting S+3 , Notify MD for removal of staples: apply benzoin tincture and steri-strips., Post-op

Notify

☒ Notify Physician for vitals:

Routine, Until Discontinued, Starting Today, At: N, Temperature greater than: 100.3, Temperature less than: 96.8, 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, And for urine output less than 120 milliliters per 4 hours

☐ Notify Physician for abnormal bleeding

Routine, Until Discontinued, Starting Today, At: N, PACU & Post-op

☐ Notify Lactation Consult to see patient

Routine, Until Discontinued, Starting Today, At: N, Post-op

Diet

☐ ERAS Diet and Nutrition-Encourage early oral intake and advance diet as tolerated

Click here for ERAS Guidelines - \\epic-nas.et0922.epichosted.com\static\OrderSets\Guidelines for postoperative care in cesarean delivery.pdf

☒ Clear liquid now-Advance to regular 2 hours postop

Effective Now, Starting Today, At: N, Diet(s): Regular, Advance Diet as Tolerated? Yes, Target Diet: Regular, Advance target diet criteria: Advance to regular diet 2 hours postop, Clear liquids first 2 hours post op then regular diet., PACU & Post-op

☒ Chew gum 4 times a day 4 hours after procedure or once on regular diet

Routine, Once, Starting Today, For 1 Occurrences , PACU & Post-op

☐ NPO except ice chips

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

☐ Diet - Clear Liquids

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

☐ Diet - Regular

Effective Now, Starting Today, At: N, Diet(s): Regular, Post-op

☐ Diet - Advance to Regular

Effective Now, Starting Today, At: N, Advance Diet as Tolerated? Yes, Target Diet: Regular, Advance diet as tolerated 12 hours PostOP, Post-op

IV Fluids

IV Fluids

☒ 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

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

Or

sodium chloride 0.9 % infusion

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

☐ dextrose 5 % and lactated Ringer's infusion

125 mL/hr, intravenous, Continuous, Post-op

Medications

ERAS Pain Medications

When selecting pain medications within this section, please be sure to deselect duplicate medications from the pain control section of this order set.

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

Select one scheduled NSAID and one scheduled Tylenol order

[\[X\] ibuprofen \(MOTRIN\) tablet \(Selection Required\)](#)

[\(\) ibuprofen \(ADVIL\) tablet 800 mg](#)

800 mg, oral, Q8H SCH, Starting 24 Hours after signing , Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.

[\(\) ibuprofen \(ADVIL\) tablet 600 mg](#)

600 mg, oral, Q6H SCH, Starting 24 Hours after signing , Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.

[\[X\] acetaminophen \(TYLENOL\) tablet \(Selection Required\)](#)

[\(\) acetaminophen ER \(TYLENOL\) 650 mg](#)

1,300 mg, oral, Q8H SCH, Starting Tomorrow , Start 8 hours after last Tylenol dose, begin after anesthesia care ends.

[\(\) acetaminophen \(TYLENOL\) tablet 1000 mg](#)

1,000 mg, oral, Q6H SCH, Starting 24 Hours after signing , Start 6 hours after last Tylenol dose, begin after anesthesia care ends.

[\(\) acetaminophen \(TYLENOL\) tablet 650 mg](#)

650 mg, oral, Q6H SCH, Starting 24 Hours after signing , Start 6 hours after last Tylenol dose, begin after anesthesia care ends.

[\[X\] PRN ONLY for Moderate to Severe Pain \(Selection Required\)](#)

[\(\) oxyCODONE \(ROXICODONE\) IR 5 mg and 10 mg \(Selection Required\)](#)

[\[\] oxyCODone \(ROXICODONE\) IR tablet 5 mg](#)

5 mg, oral, Q4H PRN, moderate pain (score 4-6), Starting 24 Hours after signing, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

[\[\] oxyCODone \(ROXICODONE\) IR tablet 10 mg](#)

10 mg, oral, Q4H PRN, severe pain (score 7-10), Starting 24 Hours after signing , acute pain

[\(\) oxyCODONE \(ROXICODONE\) IR tablet 5 mg](#)

5 mg, oral, Q4H PRN, moderate pain (score 4-6), severe pain (score 7-10), Starting 24 Hours after signing , Start after Anesthesia care ends , acute pain

Vaccines - If NOT given during pregnancy - NOT HMSJ Only Appears If: **SB IP ORDERSET NOT HMSJ**

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

0.5 mL, subcutaneous, Once PRN, immunization, For 1 Doses, Post-op , Patient Consent if Rubella Non-Immune. If NOT given during pregnancy

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

0.5 mL, intramuscular, Once PRN, immunization, For 1 Doses, Post-op , Upon patient consent and prior to discharge. If NOT given during pregnancy

Gastrointestinal Care

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

100 mg, oral, BID, Post-op

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

2 tablets, oral, Nightly, Post-op

[\[X\] simethicone \(MYLICON\) chewable tablet](#)

160 mg, oral, 4x Daily PRN, flatulence, gas pain, Post-op

[\[\] alum-mag hydroxide-simeth \(MAALOX\) 200-200-20 mg/5 mL suspension](#)

30 mL, oral, Q3H PRN, indigestion, gas pain, Post-op , Do NOT give if patient is on hemodialysis or with CrCl < 30 mL/min.

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

10 mg, rectal, Daily PRN, constipation, Post-op

Fever Care

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

650 mg, oral, Q6H PRN, fever, For temperature greater than 100.3, Post-op

Breast Care

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

1 Application, Topical, PRN, dry skin, discomfort, Post-op , Specify Site: Nipples

PostPartum Oxytocin

☒ 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, Post-op

Followed by

oxytocin (PITOCIN) infusion

5.7 Units/hr, intravenous, Continuous, Starting 30 Minutes after signing, Post-op , 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 Postpartum Only Appears If: **SB IP ORDERSET NOT HHM**

☐ 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, Post-op , 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, Post-op , 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, Post-op , 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, Post-op

And

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

1 tablet, oral, Once PRN, diarrhea, For 1 Doses, Post-op

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

oxytocin (PITOCIN) infusion

5.7 Units/hr, intravenous, Continuous PRN, Postpartum Bleeding, Post-op , 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, Post-op , Use if inadequate response to oxytocin. Notify Physician if further treatment needed.

☐ tranexamic acid (CYCLOKAPRON) IVPB

1,000 mg, intravenous, Administer over: 10 Minutes, PRN, Post-op

Bleeding Medications Postpartum (HHM) Only Appears If: **SB IP ORDERSET HHM ONLY**

☐ 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, Post-op , 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, Post-op , 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, Post-op , 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, Post-op

And

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

1 tablet, oral, Once PRN, diarrhea, For 1 Doses, Post-op

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

oxytocin (PITOCIN) infusion

5.7 Units/hr, intravenous, Continuous PRN, Postpartum Bleeding, Post-op , 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, Post-op , Use if inadequate response to oxytocin. Notify Physician if further treatment needed.

() tranexamic acid (CYCLOKAPRON) IVPB

1,000 mg, intravenous, Administer over: 10 Minutes, PRN, bleeding, Post-op , Obtain pre-mix bag from postpartum hemorrhage cart and infuse over 10 minutes.

Naloxone

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

intravenous, PRN, respiratory depression, opioid reversal, Post-op

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

Start after PCA discontinued or 24 hours after Duramorph injection.

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

1 tablet, oral, Q6H PRN, mild pain (score 1-3), for non-breast feeding mothers, Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection.
, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

1 tablet, oral, Q4H PRN, mild pain (score 1-3), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection.
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

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

Start after PCA discontinued or 24 hours after Duramorph injection.

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

1 tablet, oral, Q6H PRN, mild pain (score 1-3), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection.
, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

1 tablet, oral, Q4H PRN, mild pain (score 1-3), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection.
Monitor and record pain scores and respiratory status. Maximum of 4 grams
of acetaminophen per day, 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**

Start after PCA discontinued or 24 hours after Duramorph injection.

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet

1 tablet, oral, Q6H PRN, moderate pain (score 4-6), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after

Duramorph injection., 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), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection., Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

1 tablet, oral, Q6H PRN, moderate pain (score 4-6), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection., Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

() oxyCODONE (ROXICODONE) immediate release tablet

5 mg, oral, Q4H PRN, moderate pain (score 4-6), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection., 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

Start after PCA discontinued or 24 hours after Duramorph injection.

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet

1 tablet, oral, Q6H PRN, moderate pain (score 4-6), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection., 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), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection., Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

1 tablet, oral, Q6H PRN, moderate pain (score 4-6), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection., Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

() oxyCODONE (ROXICODONE) immediate release tablet

5 mg, oral, Q4H PRN, moderate pain (score 4-6), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection., 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

Start after PCA discontinued or 24 hours after Duramorph injection.

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet

1 tablet, oral, Q6H PRN, moderate pain (score 4-6), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection., 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), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection., Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

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

1 tablet, oral, Q6H PRN, moderate pain (score 4-6), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection., Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

() oxyCODONE (ROXICODONE) immediate release tablet

5 mg, oral, Q4H PRN, moderate pain (score 4-6), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection., Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

Severe Pain (Pain Score 7-10) - NOT HMSL HMTW Only Appears If: SB IP ORDERSET NOT HMSL HMTW

Start after PCA discontinued or 24 hours after Duramorph injection.

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

1 tablet, oral, Q6H PRN, severe pain (score 7-10), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. , acute pain

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

2 tablets, oral, Q6H PRN, severe pain (score 7-10), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection. 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), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status , acute pain

() morPHINE injection

4 mg, intravenous, Q3H PRN, severe pain (score 7-10), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection.

Severe Pain (Pain Score 7-10) - HMSL HMTW Only Only Appears If: **SB IP ORDERSET HMSL HMTW ONLY**

Start after PCA discontinued or 24 hours after Duramorph injection.

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

1 tablet, oral, Q6H PRN, severe pain (score 7-10), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status. , acute pain

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

2 tablets, oral, Q6H PRN, severe pain (score 7-10), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection. 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), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status , acute pain

() morPHINE injection

4 mg, intravenous, Q3H PRN, severe pain (score 7-10), Starting 24 Hours after signing, Post-op , Start after PCA discontinued or 24 hours after Duramorph injection.

Adjunct Pain Medication

() ketorolac (TORADOL) IV (Selection Required)

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.

WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

() 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, cramping, laceration or incision pain, Starting 24 Hours after signing

() For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection

30 mg, intravenous, Q6H PRN, cramping, laceration or incision pain, Starting 24 Hours after signing

() ibuprofen (ADVIL,MOTRIN) tablet

600 mg, oral, Q6H PRN, Cramping, Laceration or Incision Pain, Starting 24 Hours after signing, Post-op , May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets.

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

[X] promethazine (PHENERGAN) OR ondansetron (ZOFTRAN) IV (Selection Required)

ondansetron (ZOFTRAN) injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, Starting 24 Hours after signing, Post-op , Give ondansetron (ZOFTRAN) as first choice for Antiemetic

Or

promethazine (PHENERGAN) injection

12.5 mg, intravenous, Q6H PRN, nausea, vomiting, Starting 24 Hours after signing, Post-op , Give if ondansetron (ZOFTRAN) is ineffective.

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

[X] promethazine (PHENERGAN) OR ondansetron (ZOFTRAN) IV (Selection Required)

ondansetron (ZOFTRAN) injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, Starting 24 Hours after signing, Post-op , Give as first choice for antiemetic.

Or

promethazine (PHENERGAN) injection

12.5 mg, intravenous, Q8H PRN, nausea, vomiting , Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

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

[X] promethazine (PHENERGAN) OR ondansetron (ZOFTRAN) IV (Selection Required)

ondansetron (ZOFTRAN) injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, Starting 24 Hours after signing, Post-op , Give as first choice for Antiemetic.

Or

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

12.5 mg, intravenous, Administer over: 30 Minutes, Q6H PRN, nausea, vomiting, Starting 24 Hours after signing, Post-op , Give if ondansetron (ZOFTRAN) is ineffective.

Insomnia: Zolpidem for Patients LESS than 70 years of age Only Appears If: **SB INPATIENT AGE<70 YEARS**

☒ zolpidem (AMBIEN) tablet (Selection Required)

☒ zolpidem (AMBIEN) tablet

5 mg, oral, Nightly PRN, sleep, Post-op

Itching

☒ diphenhydrAMINE (BENADRYL) injection

25 mg, intravenous, Q4H PRN, itching, severe itching, Post-op , Contact anesthesiologist if administering within 24 hours of receiving Duramorph

☐ diphenhydrAMINE (BENADRYL) tablet

25 mg, oral, Q4H PRN, itching, severe itching, Post-op , Contact anesthesiologist if administering within 24 hours of receiving Duramorph

☐ nalbuphine (NUBAIN) injection

2 mg, intravenous, Q2H PRN, itching, Starting 24 Hours after signing, Post-op , If itching not alleviated by Benadryl

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 , Post-op

Labs

☒ Fetal Screen

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

☐ Rhogam Type and Screen

Once , Post-op

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, Post-op

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

☐ LOW Risk of VTE

No more than one minor risk factors; No major risk factors

Minor Risk Factors Major Risk Factors

Multiple gestation BMI > 35 at delivery

Age GREATER than 40

Low risk of thrombophilia

Preeclampsia PPH requiring transfusion or additional surgery or IR within last month

PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics

Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month

Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

☒ Low risk of VTE

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

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , While in bed AND until fully ambulatory, Post-op

☐ MODERATE Risk of VTE (Selection Required)

Cesarean with one major or 2+ minor risk factors. CONSIDER prophylaxis LMWH/UFH through hospitalization and continued 10 days post hospitalization.

Minor Risk Factors Major Risk Factors

Multiple gestation BMI > 35 at delivery

Age GREATER than 40
Low risk of thrombophilia
Preeclampsia PPH requiring transfusion or additional surgery or IR within last month
PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics
Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month
Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

Routine, Once, Post-op

☐ Pharmacological Prophylaxis (Selection Required)

☐ enoxaparin (LOVENOX) injection (Selection Required)

☐ enoxaparin (LOVENOX) injection

40 mg, subcutaneous, Daily at 1700, Starting 12 Hours after signing, Post-op , 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, Post-op , 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, Post-op , 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, Post-op , 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, Post-op

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

Routine, Until Discontinued, Starting Today, At: N , Post-op

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once, Post-op

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , Post-op

☐ HIGH Risk of VTE - Prophylaxis (Selection Required)

Mechanical prophylaxis prior to cesarean 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, Post-op

☒ Pharmacological Prophylaxis (Selection Required)

☐ enoxaparin (LOVENOX) injection (Selection Required)

☐ enoxaparin (LOVENOX) injection

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

() HEParin subcutaneous (Selection Required)

[X] HEParin (porcine) injection

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

[X] Partial thromboplastin time, activated

Once, Starting 12 Hours after signing, For 1 Occurrences , Obtain prior to heparin dose, Post-op

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

Routine, Until Discontinued, Starting Today, At: N , Post-op

() Contraindications exist for pharmacologic prophylaxis

Routine, Once, Post-op

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

() Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

(X) Place/Maintain sequential compression device continuous

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

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

Mechanical prophylaxis prior to cesarean 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

[X] High Risk (Selection Required)

[X] High risk of VTE

Routine, Once, Post-op

[X] Pharmacological Prophylaxis (Selection Required)

() enoxaparin (LOVENOX) injection (Selection Required)

[X] enoxaparin (LOVENOX) injection

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

[X] Basic metabolic panel - STAT

STAT, For 1 Occurrences , Post-op

[] Anti Xa, low molecular weight

Once, Starting 24 Hours after signing , Draw specimen 4 hours after subcutaneous injection, Post-op

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

[X] enoxaparin (LOVENOX) injection

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

[X] Basic metabolic panel - STAT

STAT, For 1 Occurrences , Post-op

[] Anti Xa, low molecular weight

Once, Starting 24 Hours after signing , Draw specimen 4 hours after subcutaneous injection, Post-op

() 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 , Post-op

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once, Post-op

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , While in bed AND until fully ambulatory, Post-op

☐ 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, Post-op

☒ 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., Post-op

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , Post-op

☐ 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, Post-op

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

Routine, Once, Post-op

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , Post-op

☐ 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, Post-op

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

Routine, Once, Post-op

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , Post-op

☐ 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, Post-op

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

Routine, Once, Post-op

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , Post-op

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

☐ LOW Risk of VTE

No more than one minor risk factors; No major risk factors

Minor Risk Factors Major Risk Factors

Multiple gestation BMI > 35 at delivery

Age GREATER than 40

Low risk of thrombophilia

Preeclampsia PPH requiring transfusion or additional surgery or IR within last month

PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics

Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month

Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

☒ Low risk of VTE

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

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , While in bed AND until fully ambulatory, Post-op

☐ MODERATE Risk of VTE (Selection Required)

Cesarean with one major or 2+ minor risk factors. CONSIDER prophylaxis LMWH/UFH through hospitalization and continued 10 days post hospitalization.

Minor Risk Factors Major Risk Factors

Multiple gestation BMI > 35 at delivery

Age GREATER than 40

Low risk of thrombophilia

Preeclampsia PPH requiring transfusion or additional surgery or IR within last month

PPH > 1,000 mL (not requiring additional surgery, IR or transfusion Infection requiring antibiotics

Family history of VTE (1st degree relative prior to age 50) Antepartum hospitalization > 72 hours, immediately proceeding cesarean or within last month

Smoker Chronic morbidity; sickle cell disease, systemic lupus, cardiac disease, active inflammatory bowel disease, active neoplasm, nephrotic syndrome

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

Routine, Once, Post-op

☐ Pharmacological Prophylaxis (Selection Required)

☐ enoxaparin (LOVENOX) injection (Selection Required)

☐ enoxaparin (LOVENOX) injection

40 mg, subcutaneous, Daily at 1700, Starting 12 Hours after signing, Post-op , 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, Post-op , 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, Post-op , 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, Post-op , 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, Post-op

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

Routine, Until Discontinued, Starting Today, At: N , Post-op

() Contraindications exist for pharmacologic prophylaxis

Routine, Once, Post-op

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

() Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

(X) Place/Maintain sequential compression device continuous

Routine, Continuous , Post-op

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

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

High risk thrombophilia with no prior VTE

Prior idiopathic or estrogen related VTE

Low risk thrombophilia AND (family history of VTE OR single prior VTE)

Receiving outpatient prophylactic LMWH or UFH

[X] High Risk (Selection Required)

[X] High risk of VTE

Routine, Once, Post-op

[X] Pharmacological Prophylaxis (Selection Required)

() enoxaparin (LOVENOX) injection (Selection Required)

() enoxaparin (LOVENOX) injection

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

() HEParin subcutaneous (Selection Required)

[X] HEParin (porcine) injection

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

[X] Partial thromboplastin time, activated

Once, Starting 12 Hours after signing, For 1 Occurrences , Obtain prior to heparin dose, Post-op

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

Routine, Until Discontinued, Starting Today, At: N , Post-op

() Contraindications exist for pharmacologic prophylaxis

Routine, Once, Post-op

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

() Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

(X) Place/Maintain sequential compression device continuous

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

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

Mechanical prophylaxis prior to cesarean 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, Post-op

☒ Pharmacological Prophylaxis (Selection Required)

☐ enoxaparin (LOVENOX) injection (Selection Required)

☒ enoxaparin (LOVENOX) injection

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

☒ Basic metabolic panel - STAT

STAT, For 1 Occurrences , Post-op

☐ Anti Xa, low molecular weight

Once, Starting 24 Hours after signing , Draw specimen 4 hours after subcutaneous injection, Post-op

☐ 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, Post-op , Wait at least 4 hours after epidural catheter removal before administering enoxaparin

☒ Basic metabolic panel - STAT

STAT, For 1 Occurrences , Post-op

☐ Anti Xa, low molecular weight

Once, Starting 24 Hours after signing , Draw specimen 4 hours after subcutaneous injection, Post-op

☐ 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 , Post-op

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once, Post-op

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , While in bed AND until fully ambulatory, Post-op

☐ 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, Post-op

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

Routine, Once, Post-op

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , Post-op

☐ 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, Post-op

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

Routine, Once, Post-op

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , Post-op

☐ 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, Post-op

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

Routine, Once, Post-op

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , Post-op

☐ 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, Post-op

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

Routine, Once, Post-op

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once, Post-op

☒ Place/Maintain sequential compression device continuous

Routine, Continuous , Post-op

Labs

Labs

☒ Bedside glucose

Routine, Once, For 1 Occurrences , Obtain bedside glucose for all patients within the first 30 minutes in recovery. Notify provider if blood glucose less than 70 mg/dL or greater than 180 mg/dL., PACU & Post-op

Hematology

☐ Hemoglobin

AM Draw, For 1 Occurrences , Post-op

☐ Hematocrit

AM Draw, For 1 Occurrences , Post-op

☐ CBC hemogram

AM Draw, For 1 Occurrences , CBC only; Does not include a differential, Post-op

☐ CBC with differential

AM Draw, For 1 Occurrences , Post-op

☐ Urinalysis screen and microscopy, with reflex to culture

Conditional, For 1 Occurrences, Specimen Source: Urine, Clean catch, one activation for temperature greater than 101, Post-op

Hypertensive Lab Panel

☐ 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

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

☒ Consult to Lactation Support

Post-op, If needed

☐ Consult for Pelvic Floor Therapy

☒ Consult to PT for pelvic floor therapy OB

Indication for Pelvic Floor Therapy: Cesarean Section

☒ Consult to OT for pelvic floor therapy OB

Indication for Pelvic Floor Therapy: Cesarean Section

☐ Consult to Social Work

Post-op

☐ Consult to Spiritual Care

Post-op

☐ Consult to PT eval and treat

Additional Orders