Location: _____

General

Admission or Observation (Required)

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

○ **Admit to L&D** Once, Scheduling/ADT, Routine
Level of Care: 25
Admitting Physician:
Bed request comments:

○ **Outpatient observation services under general supervision** Once, Scheduling/ADT, Routine
Admitting Physician:
Attending Provider:
Patient Condition:
Bed request comments:

Admission or Observation

Patient has active status order on file

○ **Admit to L&D** Once, Scheduling/ADT, Routine
Level of Care: 25
Admitting Physician:
Bed request comments:

○ **Outpatient observation services under general supervision** Once, Scheduling/ADT, Routine
Admitting Physician:
Attending Provider:
Patient Condition:
Bed request comments:

Code Status

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

☑ **Full code** Continuous, -1, Routine
Code Status decision reached by: ○ Patient by means of Oral Directive

☐ **DNR (Do Not Resuscitate)** (Required)

☑ **DNR (Do Not Resuscitate)** Continuous, Routine
Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Code Status decision reached by:

☐ **Consult to Palliative Care Service**

☑ **Consult to Palliative Care Service** Once, Routine
Priority:
Reason for Consult?
Order?
Name of referring provider:
Enter call back number:
Reason for Consult?
Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

☐ **Consult to Social Work** Once, Routine
Reason for Consult:
Reason for Consult?

☐ **Modified Code** Continuous, Routine
Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Modified Code restrictions:
Code Status decision reached by:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))** Continuous - Treatment Restrictions, Routine
I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.:
Treatment Restriction decision reached by:
Specify Treatment Restrictions:
Code Status decision reached by:
Treatment Restrictions is NOT a Code Status order. It is NOT a Modified Code order. It is strictly intended for Non Cardiopulmonary situations.

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: Guidance for Code Status & Treatment Restrictions

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

Isolation

☐ **Airborne isolation status**

☑ **Airborne isolation status** Continuous, Routine

☐ **Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.** Once, Routine

☐ **Contact isolation status** Continuous, Routine

☐ **Droplet isolation status** Continuous, Routine

☐ **Enteric isolation status** Continuous, Routine

Precautions

☐ **Aspiration precautions** Continuous, Routine

☐ **Fall precautions** Continuous, Routine, On Admission and every 8 hours
Increased observation level needed:

☐ **Latex precautions** Continuous, Routine

☐ **Seizure precautions** Continuous, Routine
Increased observation level needed:

Common Present on Admission Diagnosis

☐ **Acidosis** Once, Routine

☐ **Acute Post-Hemorrhagic Anemia** Once, Routine

☐ **Acute Renal Failure** Once, Routine

☐ **Acute Respiratory Failure** Once, Routine

☐ **Acute Thromboembolism of Deep Veins of Lower Extremities** Once, Routine

☐ **Anemia** Once, Routine

☐ **Bacteremia** Once, Routine

☐ **Bipolar disorder, unspecified** Once, Routine

☐ **Cardiac Arrest** Once, Routine

☐ **Cardiac Dysrhythmia** Once, Routine

☐ **Cardiogenic Shock** Once, Routine

☐ **Decubitus Ulcer** Once, Routine

☐ **Dementia in Conditions Classified Elsewhere** Once, Routine

☐ **Disorder of Liver** Once, Routine

☐ **Electrolyte and Fluid Disorder** Once, Routine

☐ **Intestinal Infection due to Clostridium Difficile** Once, Routine

☐ **Methicillin Resistant Staphylococcus Aureus Infection** Once, Routine

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

- [ ] **Obstructive Chronic Bronchitis with Exacerbation** Once, Routine
- [ ] **Other Alteration of Consciousness** Once, Routine
- [ ] **Other and Unspecified Coagulation Defects** Once, Routine
- [ ] **Other Pulmonary Embolism and Infarction** Once, Routine
- [ ] **Phlebitis and Thrombophlebitis** Once, Routine
- [ ] **Protein-calorie Malnutrition** Once, Routine
- [ ] **Psychosis, unspecified psychosis type** Once, Routine
- [ ] **Schizophrenia Disorder** Once, Routine
- [ ] **Sepsis** Once, Routine
- [ ] **Septic Shock** Once, Routine
- [ ] **Septicemia** Once, Routine
- [ ] **Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled** Once, Routine
- [ ] **Urinary Tract Infection, Site Not Specified** Once, Routine
- [ ] **Present on Admission-History of preterm premature rupture of membranes** Once, Routine

Additional Orders

Condition Specific Orders

- [ ] **Magnesium Sulfate OB Panel**
  - [x] **Vital Signs**
    - [x] **Vital signs - T/P/R/BP** Every 15 min, Routine, Obtain BP, HR and RR every 15 minutes x 1 hour, then every 30 minutes x 1 hour, then hourly.
    - [x] **Pulse oximetry continously throughout the first 2 hours** Every hour, Routine, Monitor continuously for the first two hours of administration and then check every 1 hour while assessing vital signs. Notify MD if SaO2 is less than 94%
      Current FIO2 or Room Air:
  - [x] **Nursing**
    - [x] **Assess breath sounds** Every 2 hours, Routine, Monitor maternal respiratory effort and breath sounds every 2 hours. Notify physician for shortness of breath or tightness in chest.
      Assess: ○ breath sounds
    - [x] **Assess for Magnesium Toxicity** Every 15 min, S, Routine, 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 and clonus every 2 hours or per physician order. Notify physician for decreased or absent deep tendon reflexes.
    - [ ] **Daily weights** Daily, Routine
    - [ ] **Toileting - Bedside commode** Until discontinued, Routine
      Specify:
    - [x] **Strict intake and output** Every hour, Routine
    - [x] **Limit total IV fluid intake to 125 cc/hr** Until discontinued, Routine
    - [ ] **Insert and maintain Foley**
      - [x] **Insert Foley catheter** Once, Routine
        Type:
        Size:
        Urinometer needed:
        Indication:
        Foley catheter may be removed per nursing protocol.
      - [x] **Foley Catheter Care** Until discontinued, Routine
        Orders: Maintain
  - [ ] **Activity**
    - [ ] **Strict bed rest** Until discontinued, Routine

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Bed rest with bathroom privileges** Until discontinued, Routine
Bathroom Privileges: ○ with bathroom privileges

☐ **Bed rest with bathroom privileges for BM only** Until discontinued, Routine, For bowel movement only
Bathroom Privileges: ○ with bathroom privileges

☐ **Diet**

☐ **NPO** Diet effective now, Routine
NPO:
Pre-Operative fasting options:
An NPO order without explicit exceptions means nothing can be given orally to the patient.

☑ **NPO with ice chips** Diet effective now, Routine, 1/2 cup per hour
NPO: ○ Except Ice chips
Pre-Operative fasting options:
An NPO order without explicit exceptions means nothing can be given orally to the patient.

☐ **Diet - Clear liquids** Diet effective now, Routine
Diet(s): ○ Clear Liquids
Cultural/Special:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

☑ **Notify**

☑ **Notify Physician for validated vitals:** Until discontinued, Routine, For validated vital signs and for urine output less than 30 milliliters per hour
Temperature greater than: ○ 100.3 ○ 100.5
Respiratory rate less than: ○ 10 ○ 8
SpO2 less than: ○ 95 ○ 92
Temperature less than:
Systolic BP greater than: 160
Systolic BP less than: 90
Diastolic BP greater than: 100
Diastolic BP less than: 50
MAP less than: 60.000
Heart rate greater than (BPM): 100
Heart rate less than (BPM): 60
Respiratory rate greater than: 25

☑ **Notify Physician for magnesium** Until discontinued, Routine
Magnesium greater than (mg/dL): ○ 8
Magnesium less than (mg/dL): ○ 4
BUN greater than:
Creatinine greater than:
Glucose greater than:
Glucose less than:
Hct less than:
Hgb less than:
LDL greater than:
Platelets less than:
Potassium greater than (mEq/L):
Potassium less than (mEq/L):
PT/INR greater than:
PT/INR less than:
PTT greater than:
PTT less than:
Serum Osmolality greater than:
Serum Osmolality less than:
Sodium greater than:
Sodium less than:
WBC greater than:
WBC less than:
Other Lab (Specify):

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **IV Fluids**

☑ **lactated ringer's infusion** 75 mL/hr, intravenous, continuous

☑ **Magnesium Sulfate**

○ **Magnesium Sulfate 6 gm Loading and Maintenance Infusion**

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** Until discontinued, Routine

☑ **magnesium sulfate 6 gm IV Loading Dose + Maintenance infusion**

☑ **Loading Dose - magnesium sulfate 6 grams IV bolus from bag** 6 g, intravenous, once, 1, Occurrences, 30.000 Minutes
Loading Dose - Bolus from Bag

☑ **Maintenance Dose - magnesium sulfate IV** 40 gram/1000 , intravenous, continuous

○ **magnesium sulfate 4 gm Loading and Maintenance Infusion**

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** Until discontinued, Routine

☑ **magnesium sulfate 4 gm IV Loading Dose + Maintenance infusion**

☑ **Loading Dose - magnesium sulfate 4 grams IV bolus from bag** 4 g, intravenous, once, 1, Occurrences, 30.000 Minutes
Loading Dose - Bolus from Bag

☑ **Maintenance Dose - magnesium sulfate IV** 40 gram/1000 , intravenous, continuous

○ **Magnesium Sulfate Maintenance Only**

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** Until discontinued, Routine

☑ **magnesium sulfate in water 20 gram/500 mL (4 %) infusion** 2 g/hr, intravenous, continuous

☐ **Corticosteroids**

○ **betamethasone acetate & sodium phosphate (CELESTONE) injection** 12 mg, intramuscular, once, 1, Occurrences

○ **betamethasone acetate & sodium phosphate (CELESTONE) injection** 12 mg, intramuscular, every 12 hours, 2, Occurrences

○ **betamethasone acetate & sodium phosphate (CELESTONE) injection** 12 mg, intramuscular, every 24 hours, 2, Occurrences

☑ **Rescue Agents**

☑ **calcium gluconate injection** 1 g, intravenous, once PRN, rescue agent
Administer for respirations less than 12 breaths per minute and call MD.
Calcium GLUCONATE 1 gm = 4.65 MEQ

Administer at 1.5 mL/minute (150 mg/minute) or less to avoid adverse effects.

☐ **Chemistry**

☐ **OB magnesium level** Once, S, Routine, Blood, 3, After loading dose (MD to enter repeat order information)

☐ **OB magnesium level** Once, Routine, Blood, 3, MD to enter repeat order information

☐ **Comprehensive metabolic panel** Once, S+1, Routine, Blood, 3

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Electrolyte panel** Conditional Frequency, 1, Occurrences, Routine, Blood, 3, Electrolyte panel after 24 hours if receiving combination of Pitocin and Magnesium Sulfate therapy

☐ **OB Hypertensive Crisis Panel**

☑ **Notify**

☑ **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** Until discontinued, Routine

☐ **Initial First-Line Management - Select one** (Required)

○ **Initial First-Line Management with Labetalol**

☐ **Initial First-Line Management with Labetalol**

☑ **labetalol (TRANDATE) injection** 20 mg, intravenous, once PRN, 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.
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
Dose #1 of Labetalol
Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results.

☑ **labetalol (TRANDATE) injection** 40 mg, intravenous, once PRN, 1, Occurrences, 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)
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
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.

☑ **labetalol (TRANDATE) injection** 80 mg, intravenous, once PRN, 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)
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
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.

☐ **hydrALAZINE (APRESOLINE) injection** 10 mg, intravenous, once PRN, 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)
BP HOLD parameters for this order: ○ BP Hold Parameters requested
BP HOLD for: Systolic BP LESS than 100 mmHg
Contact Physician if:
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

○ **Initial First-Line Management with Hydralazine**

☑ **hydrALAZINE (APRESOLINE) injection** 5 mg, intravenous, once PRN, 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.
BP HOLD parameters for this order: ○ ONCE or PRN Orders - No Hold Parameters Needed
Contact Physician if:
Give IV Push over 2 minutes
Repeat BP measurements in 20 minutes and record results.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **hydrALAZINE (APRESOLINE) injection** 10 mg, intravenous, once PRN, 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)
BP HOLD parameters for this order: ○ ONCE or PRN Orders - No Hold Parameters Needed
Contact Physician if:
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.

☑ **labetalol (TRANDATE) injection** 20 mg, intravenous, once PRN, 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)
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
Dose #1 of Labetalol
Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results.

☑ **labetalol (TRANDATE) injection** 40 mg, intravenous, once PRN, 1, Occurrences, 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)
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
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.

○ **Initial First-Line Management with Oral Nifedipine**

☑ **NIFEdipine (PROCARDIA) capsule** 10 mg, oral, once PRN, 1, Occurrences, 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.
Nifedpine IR ordering errors have been associated with medication formulation mix-ups (Immediate Release instead of Sustained Release). Indicate that you have validated the IR formulation dose selected is as intended.:
Indication:
BP HOLD parameters for this order:
Contact Physician if:
Dose #1 of Nifedipine
Repeat BP measurements in 20 minutes and record results.
SWALLOW WHOLE. DO NOT CRUSH, SPLIT OR CHEW.

☑ **NIFEdipine (PROCARDIA) capsule** 20 mg, oral, once PRN, 1, Occurrences, 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)
Nifedpine IR ordering errors have been associated with medication formulation mix-ups (Immediate Release instead of Sustained Release). Indicate that you have validated the IR formulation dose selected is as intended.:
Indication:
BP HOLD parameters for this order:
Contact Physician if:
Dose #2 of Nifedipine
Repeat BP measurements in 20 minutes and record results.
If BP is BELOW threshold, continue to monitor BP closely.
SWALLOW WHOLE. DO NOT CRUSH, SPLIT OR CHEW.

☑ **labetalol (TRANDATE) injection** 40 mg, intravenous, once PRN, 1, Occurrences, 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)
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
Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

- [ ] **Pre-Eclamptic Lab Panel**
  - [x] **CBC with differential** STAT, 1, Occurrences, Routine, Blood, 3
  - [x] **Comprehensive metabolic panel** STAT, 1, Occurrences, Routine, Blood, 3
  - [x] **Prothrombin time with INR** STAT, 1, Occurrences, Routine, Blood, 3
  - [x] **Partial thromboplastin time** STAT, 1, Occurrences, Routine, Blood, 3
    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.
  - [x] **Fibrinogen** STAT, 1, Occurrences, Routine, Blood, 3
  - [x] **Uric acid** STAT, 1, Occurrences, Routine, Blood, 3
  - [x] **LDH** STAT, 1, Occurrences, Routine, Blood, 3
  - [ ] **Urine Protein and Creatinine**
    - [x] **Creatinine level, urine, random** Once, 1, Occurrences, Routine, Urine
    - [x] **Protein, urine, random** Once, 1, Occurrences, Routine, Urine
- [ ] **Physician Consult**
  - [ ] **Consult Anesthesiology** Once, 1, Occurrences, Routine
    Reason for Consult?
    Patient/Clinical information communicated?
    Patient/clinical information communicated?
    To Provider:
    Provider Group:
  - [ ] **Consult Cardiology** Once, 1, Occurrences, Routine
    Reason for Consult?
    Patient/Clinical information communicated?
    Patient/clinical information communicated?
    To Provider:
    Provider Group:
  - [ ] **Consult Neurology** Once, Routine
    Reason for Consult?
    Patient/Clinical information communicated?
    Patient/clinical information communicated?
    Reason for Consult?
    To Provider:
    Provider Group:
  - [ ] **Consult Maternal and Fetal Medicine** Once, 1, Occurrences, Routine
    Reason for Consult?
    Patient/Clinical information communicated?
    Patient/clinical information communicated?
    To Provider:
    Provider Group:
  - [ ] **Consult Neonatology** Once, 1, Occurrences, Routine
    Reason for Consult?
    Patient/Clinical information communicated?
    Patient/clinical information communicated?
    To Provider:
    Provider Group:
  - [ ] **Consult Obstetrics and Gynecology** Once, 1, Occurrences, Routine
    Reason for Consult?
    Patient/Clinical information communicated?
    Patient/clinical information communicated?
    To Provider:
    Provider Group:
- [ ] **Preterm Premature Rupture of Membranes Panel**
  - [ ] **Nursing Care**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Monitor fetal heart tones** Once, L&D Pre-Delivery, Routine
Type: ○ Continuous

☑ **Fetal nonstress test** Every shift, L&D Pre-Delivery, Routine

☐ **Tocometry** Until discontinued, L&D Pre-Delivery, Routine
Type: ○ Continuous

☐ **Tocometry** Every shift, L&D Pre-Delivery, Routine
Type:

☐ **Insert and maintain Foley**

☑ **Insert Foley catheter** Once, Routine
Type:
Size:
Urinometer needed:
Indication:
Foley catheter may be removed per nursing protocol.

☑ **Foley Catheter Care** Until discontinued, Routine
Orders: Maintain

☐ **PPROM Antibiotics** (Required)

Does your patient have a penicillin allergy?

○ **No**

○ **PPROM Antibiotics: Regimen 1**

You MUST check BOTH selections below for Regimen 1

☐ **azithromycin (ZITHROMAX) tablet** 1000 mg, oral, once, 1, Occurrences, L&D Pre-Delivery, STAT
Indication: ○ Medical Prophylaxis
Administer upon admission.

May cause QTc prolongation.

☐ **ampicillin IV Doses Followed by amoxicillin 500 mg Oral Doses for 5 days**

☑ **ampicillin IV** 2 g, intravenous, every 6 hours, 48, Hours, L&D Pre-Delivery, STAT
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

☑ **amoxicillin (AMOXIL) capsule** 500 mg, oral, 3 times daily, 5, Days, L&D Pre-Delivery
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

○ **PPROM Antibiotics: Regimen 2**

You MUST check BOTH selections below for Regimen 2

☐ **azithromycin (ZITHROMAX) tablet** 1000 mg, oral, once, 1, Occurrences, L&D Pre-Delivery, STAT
Indication: ○ Medical Prophylaxis
Administer upon admission.

May cause QTc prolongation.

☐ **ampicillin IV Doses Followed by amoxicillin 875 mg Oral Doses for 5 days**

☑ **ampicillin IV** 2 g, intravenous, every 6 hours, 48, Hours, L&D Pre-Delivery, STAT
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

☑ **amoxicillin (AMOXIL) tablet** 875 mg, oral, 2 times daily, 5, Days, L&D Pre-Delivery
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

○ **Yes**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

Is your patient LOW Risk or HIGH Risk?

○ **PPROM Antibiotics: Regimen for Penicillin Allergic LOW Risk Patients**

You MUST check BOTH selections below for LOW Risk Regimen

☐ **azithromycin (ZITHROMAX) tablet** 1000 mg, oral, once, 1, Occurrences, L&D Pre-Delivery, STAT
Indication: ○ Medical Prophylaxis
Administer upon admission.
May cause QTc prolongation.

☐ **ceFAZolin (ANCEF) IV Doses Followed by cephalexin (KEFLEX) 500 mg Oral Doses for 5 days**

☑ **cefazolin (ANCEF) IV** 1 g, intravenous, every 8 hours, 48, Hours, L&D Pre-Delivery, STAT
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

☑ **cephalexin (KEFLEX) capsule** 500 mg, oral, every 6 hours, 5, Days, L&D Pre-Delivery
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

○ **PPROM Antibiotics: Regimen for Penicillin Allergic HIGH Risk Patients**

You MUST check BOTH selections below for the HIGH Risk Regimen.

☑ **clindamycin (CLEOCIN) IV Initial Doses Followed By clindamycin (CLEOCIN) Oral Maintenance Doses**

☑ **clindamycin (CLEOCIN) IV** 900 mg, intravenous, every 8 hours, 48, Hours, STAT
Indication:

☑ **clindamycin (CLEOCIN) capsule** 300 mg, oral, every 8 hours, 5, Days
Indication:

☑ **gentamicin (GARAMYCIN) IV Doses AND azithromycin (ZITHROMAX) Oral Doses (on admission)**

☑ **gentamicin (GARAMYCIN) IVPB 5 mg/kg + Pharmacy Consult**

☑ **gentamicin (GARAMYCIN) IVPB** 5 mg/kg, intravenous, every 24 hours, 2, Occurrences, L&D Pre-Delivery, STAT
Indication:
Administer upon admission.

☑ **Pharmacy consult to manage aminoglycoside** Until discontinued, L&D Pre-Delivery, Routine
Which aminoglycoside do you need help dosing?
Indication:

☑ **azithromycin (ZITHROMAX) tablet** 1000 mg, oral, once, 1, Occurrences
Indication:
Administer upon admission.
May cause QTc prolongation.

Nursing

Activity (Required)

☐ **Strict bed rest** Until discontinued, Routine

☐ **Bed rest with bathroom privileges** Until discontinued, Routine
Bathroom Privileges: ○ with bathroom privileges

☐ **Bed rest with bathroom privileges** Until discontinued, Routine, Privileges for bowel movement only
Bathroom Privileges: ○ with bathroom privileges

☐ **Wheelchair ride off unit** Daily, Routine

☐ **Ambulate with assistance** 3 times daily, -1, Routine
Specify:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Activity as tolerated** Until discontinued, Routine
Specify: ○ Activity as tolerated

☐ **Patient may shower** Daily, Routine
Specify:
Additional modifier:

Vital Signs

☑ **Vital signs - T/P/R/BP** Every 4 hours, Routine, Every 4 hours unless membranes are ruptured then monitor every 1 hour. Call Provider for temperature greater than 100.4

☐ **Check temperature** Every hour, Routine

☐ **Measure blood pressure** Every 15 min, Routine, Serial blood pressures every 15 minutes x *** then every *** hours

Nursing Care

☐ **Daily weights** Daily, Routine

☐ **Toileting - Bedside commode** Until discontinued, Routine
Specify: ○ Bedside commode

☐ **Intake and output** Every 8 hours, Routine

☐ **Strict intake and output** Every hour, Routine

☐ **Insert and maintain Foley**

☑ **Insert Foley catheter** Once, Routine
Type:
Size:
Urinometer needed:
Indication:
Foley catheter may be removed per nursing protocol.

☑ **Foley Catheter Care** Until discontinued, Routine
Orders: Maintain

☐ **Sterile vaginal exam** Once, Routine

☐ **Monitor fetal heart tones** Every shift, Routine, Intermittent monitoring For 1 hour every shift
Type:

☐ **Monitor fetal heart tones** Daily, Routine, Auscultation Every day with Doppler
Type:

☐ **Monitor fetal heart tones** Continuous, Routine
Type: ○ Continuous

☐ **Fetal nonstress test** Every shift, Routine

☐ **Tocometry** Until discontinued, Routine
Type: ○ Continuous

Notify

☑ **Notify Physician for vitals:** Until discontinued, Routine, Notify physician for Validated Vital Signs. And for urine output less than 120 milliliters per 4 hours
Temperature greater than: ○ 100.3 ○ 100.5
Systolic BP greater than: 160
Systolic BP less than: 90
Diastolic BP greater than: ○ 110 ○ 100
Diastolic BP less than: 50
Heart rate greater than (BPM): ○ 120 ○ 100
Heart rate less than (BPM): ○ 50 ○ 60
Respiratory rate greater than: ○ 24 ○ 25
Respiratory rate less than: ○ 10 ○ 8
SpO2 less than: ○ 95 ○ 92
Temperature less than:
MAP less than: 60.000

Diet (Required)

☐ **NPO** Diet effective now, Routine
NPO:
Pre-Operative fasting options:
An NPO order without explicit exceptions means nothing can be given orally to the patient.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **NPO with ice chips** Diet effective now, Routine, 1/2 cup per hour
NPO: ○ Except Ice chips
Pre-Operative fasting options:
An NPO order without explicit exceptions means nothing can be given orally to the patient.

☐ **Diet - Clear liquids** Diet effective now, Routine
Diet(s): ○ Clear Liquids
Cultural/Special:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

☐ **Diet - Regular** Diet effective now, Routine
Diet(s): ○ Regular
Cultural/Special:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

Consents

☐ **Vaginal Delivery Consent**

☐ **Complete Consent Form** Once, L&D Pre-Delivery, Routine
Consent For: Delivery
Procedure: ○ Vaginal delivery of fetus and placenta with possible cesarean section, possible episiotomy, and possible use of vacuum/forceps.
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

☐ **Cesarean Section Delivery Consent**

☐ **Complete consent for Primary Cesarean Section** Once, Pre-op, Routine, Consent for Primary Cesarean Section
Procedure: ○ Primary Cesarean Section
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

☐ **Complete consent for Primary Cesarean Section with Bilateral Tubal Ligation** Once, Pre-op, Routine, Consent for Primary Cesarean Section with Bilateral Tubal Ligation
Procedure: ○ Primary Cesarean Section with Bilateral Tubal Ligation
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

☐ **Complete consent for Primary Cesarean Section with Bilateral Salpingectomy** Once, Pre-op, Routine, Consent for Primary Cesarean Section with Bilateral Salpingectomy
Procedure: ○ Primary Cesarean Section with Bilateral Salpingectomy
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

☐ **Complete consent for Repeat Cesarean Section** Once, Pre-op, Routine, Consent for Repeat Cesarean Section
Procedure: ○ Repeat Cesarean Section
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

☐ **Complete consent for Repeat Cesarean Section with Bilateral Tubal Ligation** Once, Pre-op, Routine, Consent for Repeat Cesarean Section with Bilateral Tubal Ligation
Procedure: ○ Repeat Cesarean Section with Bilateral Tubal Ligation
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

☐ **Complete consent for Repeat Cesarean Section with Bilateral Salpingectomy** Once, Pre-op, Routine, Consent for Repeat Cesarean Section with Bilateral Salpingectomy
Procedure: ○ Repeat Cesarean Section with Bilateral Salpingectomy
Diagnosis/Condition:
Physician:
Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

IV Fluids

Bolus IV Fluids

☑ **lactated ringers bolus** 500 mL, intravenous, once, 1, Occurrences
500mL PRN for Category II FHR tracing and ***, If used for FHR tracing, Notify Provider.

Maintenance IV Fluids

☐ **lactated ringer's infusion** 125 mL/hr, intravenous, continuous

☐ **dextrose 5 % and lactated Ringer's infusion** 125 mL/hr, intravenous, continuous

☐ **sodium chloride 0.45 % infusion** 125 mL/hr, intravenous, continuous

Peripheral IV Access

☑ **Initiate and maintain IV**

☑ **Insert peripheral IV** Once, Routine

☑ **sodium chloride 0.9 % flush** 10 mL, every 12 hours scheduled, line care

☑ **sodium chloride 0.9 % flush** 10 mL, intravenous, PRN, line care

Medications

Medications

☐ **prenatal multivitamin tab/cap** 1 each, oral, daily, L&D Pre-Delivery
Prenatal Vitamin is available as a Tablet or Capsule

☐ **betamethasone acet & sod phos (CELESTONE) injection** 12 mg, intramuscular, every 24 hours, 2, Occurrences, L&D Pre-Delivery

☐ **ferrous sulfate tablet** 325 mg, oral, daily, L&D Pre-Delivery
Each 325 mg tablet contains 65 mg of elemental iron

Antibiotics

Please select the appropriate indication(s):

☐ **Asymptomatic Bacteriuria or Acute Cystitis**

○ **nitrofurantoin (MACRODANTIN) capsule - USE ONLY DURING SECOND OR THIRD TRIMESTER** 100 mg, oral, 2 times daily, 5, Days, L&D Pre-Delivery
Indication: ○ Uro/Genital
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
USE ONLY DURING SECOND OR THIRD TRIMESTER.

○ **cefuroxime (CEFTIN) tablet** 500 mg, oral, every 12 hours
Indication: ○ Uro/Genital
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Crushed tablets can be given via tube. Crushed tablets for oral administration are not recommended due to taste.

○ **fosfomycin (MONUROL) packet** 3 g, oral, once, 1, Occurrences, L&D Pre-Delivery
Indication: ○ Uro/Genital
Dissolve sachet contents in water prior to administration.

○ **cefpodoxime (VANTIN) tablet** 100 mg, oral, every 12 hours, L&D Pre-Delivery
Indication: ○ Uro/Genital

☐ **Acute Pyelonephritis**

Does your patient have a SEVERE penicillin or cephalosporin allergy ?

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **No**

○ **cefTRIAxone (ROCEPHIN) IV** 1 g, intravenous, every 24 hours, L&D Pre-Delivery, STAT
Indication:

○ **ceFEPime (MAXIPIME) IV** 1 g, intravenous, every 8 hours, L&D Pre-Delivery, STAT
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
EXTENDED INFUSION Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

○ **If history of multi-drug resistant infection, severe pyelonephritis with an impaired immune system and/or incomplete urinary drainage**

○ **piperacillin-tazobactam (ZOSYN) IV** 3.375 g, intravenous, every 6 hours, L&D Pre-Delivery, STAT
Indication: ○ Uro/Genital
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

○ **meropenem (MERREM) IV** 500 mg, intravenous, every 6 hours, L&D Pre-Delivery, STAT
Indication: ○ Uro/Genital
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
EXTENDED INFUSION Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

○ **Yes**

◉ **aztreonam (AZACTAM) IV** 1 g, intravenous, every 8 hours, L&D Pre-Delivery, STAT
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

Gastrointestinal Care

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

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

☐ **aluminum-magnesium hydroxide (MAALOX) suspension** 200-200 , oral, 3 times daily with meals, L&D Pre-Delivery

☐ **calcium carbonate (TUMS) chewable tablet** 500 , oral, 3 times daily, L&D Pre-Delivery
Note: 500 mg calcium carbonate = 200 mg elemental calcium

Tocolytic

☐ **Option 1: terbutaline (BRETHINE) SQ Initial Doses and Oral Maintenance Doses**

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

☑ **terbutaline (BRETHINE) injection - 2nd dose** 0.25 mg, subcutaneous, once, 1, Occurrences, L&D Pre-Delivery
Stop at second dose if effective. Hold if maternal heart rate is GREATER than 120.

☑ **terbutaline (BRETHINE) injection - 3rd dose** 0.25 mg, subcutaneous, once, 1, Occurrences, L&D Pre-Delivery
Hold if maternal heart rate is GREATER than 120.

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

☐ **NIFEdipine (PROCARDIA) capsule** 10 mg, oral, every 4 hours PRN, L&D Pre-Delivery, STAT, for Tocolysis
BP & HR HOLD parameters for this order: Hold Parameters requested
BP & HR HOLD for: Systolic BP LESS than 100 mmHg
Nifedpine IR ordering errors have been associated with medication formulation mix-ups (Immediate Release instead of Sustained Release). Indicate that you have validated the IR formulation dose selected is as intended.:
Indication:
BP HOLD parameters for this order:
Contact Physician if:
Maximum Dose of 160 mg/day.

SWALLOW WHOLE. DO NOT CRUSH, SPLIT OR CHEW.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **albuterol (PROVENTIL) nebulizer solution** 2.5 mg, nebulization, every 4 hours PRN, L&D Pre-Delivery, Tocolysis
Aerosol Delivery Device:

Antihypertensives

☐ **labetalol (NORMODYNE) tablet** 200 mg, oral, 2 times daily at 0600, 1800, L&D Pre-Delivery
BP & HR HOLD parameters for this order: ○ Hold Parameters requested
BP & HR HOLD for: ○ Systolic BP LESS than 100 mmHg ○ Heart Rate LESS than 50 bpm
Contact Physician if: ○ Systolic BP GREATER than or EQUAL to 160 mmHg or Diastolic BP GREATER than 100 mmHg.

☐ **NIFEdipine XL (PROCARDIA XL) 24 hr tablet** 30 mg, oral, daily, L&D Pre-Delivery
BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested
BP & HR HOLD for: Systolic BP LESS than 100 mmHg
Contact Physician if: ○ Systolic BP GREATER than or EQUAL to 160 mmHg or Diastolic BP GREATER than 100 mmHg.
BP HOLD parameters for this order:

Medications PRN

PRN Medications

☑ **PRN Antipyretics**

○ **acetaminophen (TYLENOL) tablet** 325 , oral, every 6 hours PRN, Postpartum, For temperature GREATER than 100.3, fever
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

☑ **Antihypertensives**

USE OB HYPERTENSIVE CRISIS PANEL FOR SEVERE RANGE BLOOD PRESSURE

☐ **labetalol (NORMODYNE) tablet** 100 , oral, 2 times daily at 0600, 1800, high blood pressure
Contact Physician if: ○ Systolic BP GREATER than 160mmHg and Diastolic BP GREATER than 110 mmHg
BP & HR HOLD parameters for this order:
For Systolic blood pressure GREATER than or EQUAL to 140mmHg Systolic or 90mmHg Diastolic. DO NOT give incremental dosing as this will compromise fetal circulation if applicable.

☐ **hydrALAZINE (APRESOLINE) tablet** 10 , oral, every 8 hours scheduled, high blood pressure
Contact Physician if: ○ Systolic BP GREATER than 160mmHg and Diastolic BP GREATER than 110 mmHg
BP HOLD parameters for this order:
For Systolic blood pressure GREATER than or EQUAL to 140mmHg Systolic or 90mmHg Diastolic. DO NOT give incremental dosing as this will compromise fetal circulation if applicable.

☑ **PRN Gastrointestinal Care**

☐ **sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet** 8.6-50 , oral, nightly PRN, constipation

☐ **docusate sodium (COLACE) capsule** 100 mg, oral, 2 times daily PRN, constipation

☐ **alum-mag hydroxide-simeth (MAALOX MAX) 400-400-40 mg/5 mL suspension** 30 mL, oral, every 3 hours PRN, indigestion
Do NOT give if patient is on hemodialysis or with CrCl < 30 mL/min.

☐ **calcium carbonate (TUMS) chewable tablet** 1000 mg of Calcium Carbonate, oral, 3 times daily PRN, heartburn indigestion
Note: 500 mg calcium carbonate = 200 mg elemental calcium

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

☑ **ondansetron (ZOFRAN) IV or Oral** (Required)

◉ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting
Give if patient is able to tolerate oral medication.
May cause QTc prolongation.

◉ **ondansetron (ZOFRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
May cause QTc prolongation.

☑ **promethazine (PHENERGAN)**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

◉ **promethazine (PHENERGAN) 12.5 mg IV** 12.5 mg, intravenous, every 6 hours 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.

◉ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

◉ **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

◉ **promethazine (PHENERGAN) intraMUSCULAR injection** 12.5 mg, intramuscular, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSL, HMWB Only

☑ **ondansetron (ZOFRAN) IV or Oral** (Required)

◉ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting
Give if patient is able to tolerate oral medication.
May cause QTc prolongation.

◉ **ondansetron (ZOFRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
May cause QTc prolongation.

☑ **promethazine (PHENERGAN) IV or Oral or Rectal**

◉ **promethazine (PHENERGAN) injection** 12.5 mg, intravenous, every 6 hours 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.

◉ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

◉ **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSTJ Only

☑ **ondansetron (ZOFRAN) IV or Oral** (Required)

◉ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting
Give if patient is able to tolerate oral medication.
May cause QTc prolongation.

◉ **ondansetron (ZOFRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
May cause QTc prolongation.

☑ **promethazine (PHENERGAN) IVPB or Oral or Rectal**

◉ **promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB** 12.5 mg, intravenous, every 6 hours PRN, 30.000 Minutes, 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.

◉ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

◉ **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

Insomnia

- [x] **diphenhydrAMINE (BENADRYL) tablet** 25 mg, oral, nightly PRN, sleep
- [ ] **zolpidem (AMBIEN) tablet** 5 mg, oral, nightly PRN, sleep

VTE

VTE Risk and Prophylaxis Tool (Required)
VTE/DVT Risk Definitions (\\epic-nas.et0922.epichosted.com\static\OrderSets\VTE Risk Assessment Tool v7_MAK FINAL.pdf)

- ○ **LOW Risk of VTE** (Required)

Anticipated admission LESS than or EQUAL to 72 hours.
Does not meet moderate or high risk criteria:

Moderate Risk	High Risk
Anticipated or actual LOS admission GREATER than or EQUAL to 72 hours	High risk thrombophilia with no prior VTE
	Prior idiopathic, or estrogen related VTE
	Low risk thrombophilia AND family hisotry of VTE OR single prior VTE
	Receiving outpatient prophylactic LMWH or UFH

- [x] **Low risk of VTE** Once, L&D Pre-Delivery, Routine

Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory
Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

- [x] **Place sequential compression device**
  - ○ **Contraindications exist for mechanical prophylaxis** Once, Routine

  No mechanical VTE prophylaxis due to the following contraindication(s):
  - ◉ **Place/Maintain sequential compression device continuous** Continuous, Routine

  Side: Bilateral
  Select Sleeve(s):

- ○ **MODERATE Risk of VTE** (Required)

Anticipated or actual LOS admission GREATER than 72 hours; does not meet High risk criteria. **CONSIDER** *prophylactic* LMWH/UFH (consult Anesthesia for delivery considerations)

High Risk
High risk thrombophilia with no prior VTE
Prior idiopathic, or estrogen related VTE
Low risk thrombophilia AND family hisotry of VTE OR single prior VTE
Receiving outpatient prophylactic LMWH or UFH

- [x] **Moderate Risk** (Required)
  - [x] **Moderate risk of VTE** Once, Routine
- [x] **Mechanical Prophylaxis** (Required)
  - ○ **Contraindications exist for mechanical prophylaxis** Once, Routine

  No mechanical VTE prophylaxis due to the following contraindication(s):
  - ◉ **Place/Maintain sequential compression device continuous** Continuous, Routine

  Side: Bilateral
  Select Sleeve(s):

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Pharmacological Prophylaxis** (Required)

☑ **HM RX DVT OBGYN ANTEPARTUM MEDIUM RISK OR HIGH-RISK PROPHYLAXIS**

○ **enoxaparin (LOVENOX) injection**

○ **enoxaparin (LOVENOX) injection** 40 mg, subcutaneous, daily at 1700
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection** 40 mg, subcutaneous, every 12 hours scheduled
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **HEParin subcutaneous**

○ **First Trimester - HEParin subcutaneous** 5000 Units, subcutaneous, every 12 hours scheduled

○ **Second Trimester - HEParin subcutaneous** 7500 Units, subcutaneous, every 12 hours scheduled

○ **Third Trimester - HEParin subcutaneous**

☑ **HEParin (porcine) injection** 10000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery

☑ **Partial thromboplastin time, activated** Once, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3, Obtain prior to heparin dose
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.

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

☐ **Consult Anesthesiology** Once, Routine
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

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

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** (Required)

☑ **High risk of VTE** Once, Routine

☐ **Pharmacological Prophylaxis** (Required)

☑ **HM RX DVT OBGYN ANTEPARTUM MEDIUM RISK OR HIGH-RISK PROPHYLAXIS**

○ **enoxaparin (LOVENOX) injection**

○ **enoxaparin (LOVENOX) injection** 40 mg, subcutaneous, daily at 1700
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection** 40 mg, subcutaneous, every 12 hours scheduled
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **HEParin subcutaneous**

○ **First Trimester - HEParin subcutaneous** 5000 Units, subcutaneous, every 12 hours scheduled

○ **Second Trimester - HEParin subcutaneous** 7500 Units, subcutaneous, every 12 hours scheduled

○ **Third Trimester - HEParin subcutaneous**

☑ **HEParin (porcine) injection** 10000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery

☑ **Partial thromboplastin time, activated** Once, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3, Obtain prior to heparin dose
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.

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

☐ **Consult Anesthesiology** Once, Routine
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

☑ **Mechanical Prophylaxis** (Required)

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **HIGH Risk of VTE - Therapeutic** (Required)
Patients already receiving outpatient therapeutic LMWH or UFH
Multiple prior VTEs
High risk thrombophilia AND prior VTE

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **Pharmacological Therapeutic** (Required)

☑ **Pharmacological Prophylaxis**

○ **enoxaparin (LOVENOX) injection**

☑ **enoxaparin (LOVENOX) injection** 1 mg/kg, subcutaneous, every 12 hours scheduled
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

☑ **Basic metabolic panel - STAT** STAT, 1, Occurrences, Routine, Blood, 3

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Anti Xa, low molecular weight heparin** Once, Routine, Blood, 3
Heparin Name:
Draw specimen 4 hours after subcutaneous injection

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

☑ **enoxaparin (LOVENOX) injection** 1 mg/kg, subcutaneous, every 24 hours scheduled
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

☑ **Basic metabolic panel - STAT** STAT, 1, Occurrences, Routine, Blood, 3

☐ **Anti Xa, low molecular weight heparin** Once, Routine, Blood, 3
Heparin Name:
Draw specimen 4 hours after subcutaneous injection

○ **Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)** Until discontinued, Routine
Heparin Indication:
Specify:
Specify:
Monitoring:
Standard Dose Protocol

- IF ORDERED, Initial Bolus (80 units/kg) with no maximum.
- Consider in patients at risk for recurrent embolization.
- Initial Infusion (18 units/kg/hr) with no maximum.
- More aggressive titration with additional bolus and increase in heparin for sub-therapeutic monitoring levels.

See protocol for details

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

☐ **Consult Anesthesiology** Once, Routine
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

☑ **Mechanical Prophylaxis** (Required)

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

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

○ **Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** (Required)

☑ **Moderate risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** (Required)

☑ **Moderate risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** (Required)

☑ **High risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** (Required)

☑ **High risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

VTE Risk and Prophylaxis Tool
VTE/DVT Risk Definitions (\\epic-nas.et0922.epichosted.com\static\OrderSets\VTE Risk Assessment Tool v7_MAK FINAL.pdf)

○ **LOW Risk of VTE** (Required)
Anticipated admission LESS than or EQUAL to 72 hours.
Does not meet moderate or high risk criteria:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

Moderate Risk	High Risk
Anticipated or actual LOS admission GREATER than or EQUAL to 72 hours	High risk thrombophilia with no prior VTE
	Prior idiopathic, or estrogen related VTE
	Low risk thrombophilia AND family hisotry of VTE OR single prior VTE
	Receiving outpatient prophylactic LMWH or UFH

☑ **Low risk of VTE** Once, L&D Pre-Delivery, Routine
Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory
Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

☑ **Place sequential compression device**

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **MODERATE Risk of VTE** (Required)
Anticipated or actual LOS admission GREATER than 72 hours; does not meet High risk criteria. **CONSIDER** *prophylactic* LMWH/UFH (consult Anesthesia for delivery considerations)

High Risk
High risk thrombophilia with no prior VTE
Prior idiopathic, or estrogen related VTE
Low risk thrombophilia AND family hisotry of VTE OR single prior VTE
Receiving outpatient prophylactic LMWH or UFH

☑ **Moderate Risk** (Required)

☑ **Moderate risk of VTE** Once, Routine

☑ **Mechanical Prophylaxis** (Required)

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

☐ **Pharmacological Prophylaxis** (Required)

☑ **HM RX DVT OBGYN ANTEPARTUM MEDIUM RISK OR HIGH-RISK PROPHYLAXIS**

○ **enoxaparin (LOVENOX) injection**

○ **enoxaparin (LOVENOX) injection** 40 mg, subcutaneous, daily at 1700
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection** 40 mg, subcutaneous, every 12 hours scheduled
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **HEParin subcutaneous**

○ **First Trimester - HEParin subcutaneous** 5000 Units, subcutaneous, every 12 hours scheduled

○ **Second Trimester - HEParin subcutaneous** 7500 Units, subcutaneous, every 12 hours scheduled

○ **Third Trimester - HEParin subcutaneous**

☑ **HEParin (porcine) injection** 10000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery

☑ **Partial thromboplastin time, activated** Once, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3, Obtain prior to heparin dose
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.

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

☐ **Consult Anesthesiology** Once, Routine
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

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

☑ **High risk of VTE** Once, Routine

☐ **Pharmacological Prophylaxis** (Required)

☑ **HM RX DVT OBGYN ANTEPARTUM MEDIUM RISK OR HIGH-RISK PROPHYLAXIS**

○ **enoxaparin (LOVENOX) injection**

○ **enoxaparin (LOVENOX) injection** 40 mg, subcutaneous, daily at 1700
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection** 40 mg, subcutaneous, every 12 hours scheduled
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **HEParin subcutaneous**

○ **First Trimester - HEParin subcutaneous** 5000 Units, subcutaneous, every 12 hours scheduled

○ **Second Trimester - HEParin subcutaneous** 7500 Units, subcutaneous, every 12 hours scheduled

○ **Third Trimester - HEParin subcutaneous**

☑ **HEParin (porcine) injection** 10000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery

☑ **Partial thromboplastin time, activated** Once, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3, Obtain prior to heparin dose
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.

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

☐ **Consult Anesthesiology** Once, Routine
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

☑ **Mechanical Prophylaxis** (Required)

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **HIGH Risk of VTE - Therapeutic** (Required)
Patients already receiving outpatient therapeutic LMWH or UFH
Multiple prior VTEs
High risk thrombophilia AND prior VTE

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **Pharmacological Therapeutic** (Required)

☑ **Pharmacological Prophylaxis**

○ **enoxaparin (LOVENOX) injection**

☑ **enoxaparin (LOVENOX) injection** 1 mg/kg, subcutaneous, every 12 hours scheduled
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

☑ **Basic metabolic panel - STAT** STAT, 1, Occurrences, Routine, Blood, 3

☐ **Anti Xa, low molecular weight heparin** Once, Routine, Blood, 3
Heparin Name:
Draw specimen 4 hours after subcutaneous injection

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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **enoxaparin (LOVENOX) injection** 1 mg/kg, subcutaneous, every 24 hours scheduled
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

☑ **Basic metabolic panel - STAT** STAT, 1, Occurrences, Routine, Blood, 3

☐ **Anti Xa, low molecular weight heparin** Once, Routine, Blood, 3
Heparin Name:
Draw specimen 4 hours after subcutaneous injection

○ **Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)** Until discontinued, Routine
Heparin Indication:
Specify:
Specify:
Monitoring:
Standard Dose Protocol

- IF ORDERED, Initial Bolus (80 units/kg) with no maximum.
- Consider in patients at risk for recurrent embolization.
- Initial Infusion (18 units/kg/hr) with no maximum.
- More aggressive titration with additional bolus and increase in heparin for sub-therapeutic monitoring levels.

See protocol for details

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

☐ **Consult Anesthesiology** Once, Routine
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

☑ **Mechanical Prophylaxis** (Required)

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

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

○ **Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** (Required)

☑ **Moderate risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** (Required)

☑ **Moderate risk of VTE** Once, Routine

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** (Required)

☑ **High risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** (Required)

☑ **High risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

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

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

Labs

☐ **COVID-19 Qualitative PCR**

☐ **COVID-19 qualitative RT-PCR - Nasal Swab** STAT, 1, Occurrences, Routine
Specimen Source: Nasal Swab
Is this for pre-procedure or non-PUI assessment? ○ Yes
Specimen Source:

Hematology/Coagulation

☐ **CBC** Once, L&D Pre-Delivery, Routine, Blood, 3
CBC only; Does not include a differential

☐ **CBC with differential** Once, L&D Pre-Delivery, Routine, Blood, 3

☐ **D-dimer, quantitative** Once, L&D Pre-Delivery, Routine, Blood, 3

☐ **Fibrinogen** Once, L&D Pre-Delivery, Routine, Blood, 3

☐ **Prothrombin time with INR** Once, L&D Pre-Delivery, Routine, Blood, 3

☐ **Partial thromboplastin time** Once, L&D Pre-Delivery, Routine, Blood, 3
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.

Chemistry

☐ **Bedside glucose** Once, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, On Admission

☐ **Bedside glucose** Daily, L&D Pre-Delivery, Routine, Blood, Fasting

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

- [ ] **Bedside glucose** As directed, L&D Pre-Delivery, Routine, Blood, 1 hour post prandial
- [ ] **Bedside glucose** As directed, L&D Pre-Delivery, Routine, Blood, 2 hours post prandial
- [ ] **Basic metabolic panel** Once, L&D Pre-Delivery, Routine, Blood, 3
- [ ] **Comprehensive metabolic panel** Once, L&D Pre-Delivery, Routine, Blood, 3
- [ ] **Hepatitis B surface antigen** Once, L&D Pre-Delivery, Routine, Blood, 3
- [ ] **HIV 1/2 antigen/antibody, fourth generation, with reflexes** Once, L&D Pre-Delivery, Routine, Blood, 3
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- [ ] **Lactate dehydrogenase, LDH** Once, L&D Pre-Delivery, Routine, Blood, 3
- [ ] **Syphilis treponema screen with RPR confirmation (reverse algorithm)** Once, L&D Pre-Delivery, Routine, Blood, 3
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- [x] **Type and screen, obstetrical patient** Once, L&D Pre-Delivery, Routine, Blood
- [ ] **Uric acid** Once, L&D Pre-Delivery, Routine, Blood, 3
- [ ] **Urine drugs of abuse screen** Once, L&D Pre-Delivery, Routine, Urine
- [ ] **Urinalysis with microscopic** Once, L&D Pre-Delivery, Routine, Urine, Clean catch midstream
  Specimen must be received in the laboratory within 2 hours of collection.
- [ ] **Urinalysis with microscopic** Once, L&D Pre-Delivery, Routine, Urine, Catheter
  Specimen must be received in the laboratory within 2 hours of collection.

OB Screening Markers

- [ ] **POC Amnisure** Once, L&D Pre-Delivery, Routine, Vaginal fluid
- [ ] **Amnisure** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Amniotic fluid
- [ ] **POC AmnioTest** Once, L&D Pre-Delivery, Routine, Vaginal fluid, Rule out ruptured membrane
- [ ] **Fern** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Vaginal fluid
- [ ] **Fetal fibronectin** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, 3
  Deliver specimen immediately to the Core Laboratory.
- [ ] **POC nitrazine** Once, L&D Pre-Delivery, Routine, Vaginal fluid

Microbiology

- [ ] **Urinalysis screen and microscopy, with reflex to culture** Once, L&D Pre-Delivery, Routine, Urine
  Specimen Source: Urine
  Specimen Site:
  Specimen must be received in the laboratory within 2 hours of collection.
- [ ] **Neisseria gonorrhoeae, NAA** Once, L&D Pre-Delivery, Routine
  Specimen Source:
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- [ ] **Chlamydia trachomatis, NAA** Once, L&D Pre-Delivery, Routine
  Specimen Source:
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- [ ] **Chlamydia/Gonorrhoeae, NAA (for laboring mothers)** Once, L&D Pre-Delivery, Routine, Urine, 3
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- [ ] **Group B streptococcus, PCR with broth enrichment** Once, L&D Pre-Delivery, Routine

Hypertensive Lab Panel

- [ ] **Pre-Eclamptic Lab Panel**
  - [x] **CBC with differential** STAT, 1, Occurrences, Routine, Blood, 3
  - [x] **Comprehensive metabolic panel** STAT, 1, Occurrences, Routine, Blood, 3
  - [x] **Prothrombin time with INR** STAT, 1, Occurrences, Routine, Blood, 3
  - [x] **Partial thromboplastin time** STAT, 1, Occurrences, Routine, Blood, 3
    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.
  - [x] **Fibrinogen** STAT, 1, Occurrences, Routine, Blood, 3

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

- [x] **Uric acid** STAT, 1, Occurrences, Routine, Blood, 3
- [x] **LDH** STAT, 1, Occurrences, Routine, Blood, 3
- [ ] **Urine Protein and Creatinine**
  - [x] **Creatinine level, urine, random** Once, 1, Occurrences, Routine, Urine
  - [x] **Protein, urine, random** Once, 1, Occurrences, Routine, Urine
- [ ] **24 Hour Urine**
  - [x] **Creatinine clearance, urine, 24 hour** Once, Routine, Urine
  - [x] **Protein, urine, 24 hour** Once, Routine, Urine

Cardiology

Imaging

Ultrasound

- [ ] **US Fetal Biophysical Profile** 1 time imaging, L&D Pre-Delivery, Routine
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- [ ] **US Pregnancy Greater Than 14 Weeks** 1 time imaging, L&D Pre-Delivery, Routine
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
  Patient to drink 32 ounces of water 45 minutes prior to exam. Do not empty bladder. Patient should have a full bladder.
- [ ] **Ultrasound OB limited 1 + fetuses** 1 time imaging, L&D Pre-Delivery, Routine
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
  The patient should start drinking 40 oz. of water 1 hr 30 min before his/her test time and be finished by the appointment time, without going to the restroom (less than 28 weeks gestation). Patient should have a full bladder.

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consult

- [ ] **Consult Anesthesiology** Once, 1, Occurrences, Routine
  Reason for Consult?
  Patient/Clinical information communicated?
  Patient/clinical information communicated?
  To Provider:
  Provider Group:
- [ ] **Consult Cardiology** Once, 1, Occurrences, Routine
  Reason for Consult?
  Patient/Clinical information communicated?
  Patient/clinical information communicated?
  To Provider:
  Provider Group:
- [ ] **Consult Neurology** Once, Routine
  Reason for Consult?
  Patient/Clinical information communicated?
  Patient/clinical information communicated?
  Reason for Consult?
  To Provider:
  Provider Group:
- [ ] **Consult Maternal and Fetal Medicine** Once, 1, Occurrences, Routine
  Reason for Consult?
  Patient/Clinical information communicated?
  Patient/clinical information communicated?
  To Provider:
  Provider Group:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Consult Neonatology** Once, 1, Occurrences, Routine
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

Ancillary consults

☐ **Consult to PT eval and treat** Once, L&D Pre-Delivery, Routine
Reasons for referral to Physical Therapy (mark all applicable):
Are there any restrictions for positioning or mobility?
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status:
Reason for PT?
If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

☐ **Consult to Social Work** Once, L&D Pre-Delivery, Routine
Reason for Consult:
Reason for Consult?

☐ **Consult to Nutrition Services** Once, L&D Pre-Delivery, Routine
Reason For Consult?
Purpose/Topic:
Reason for Consult?

☐ **Consult to Spiritual Care** Once, L&D Pre-Delivery, Routine
Reason for consult?
Reason for Consult?
For requests after hours, call the house operator.

☐ **Consult to Lactation Consultant** Once, Routine
Reason for Lactation Consult:
Reason for Consult?

Additional Orders

Sign:_____ **Printed Name:**_____ **Date/Time:**_____