Location: _____

General

Admission Orders (Required)

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

(●) **Admit to L&D** Once, PACU & Post-op, Routine
Diagnosis: 103531
Admitting Physician:
Bed request comments:

Code Status

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

☑ **Code Status**

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

○ **Full code** Continuous, Routine
Code Status decision reached by:

○ **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:

☐ **Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))** Continuous - Treatment Restrictions, Post-op, 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, Post-op, Routine

☐ **Droplet isolation status** Continuous, Post-op, Routine

☐ **Enteric isolation status** Continuous, Post-op, Routine

Precautions

☐ **Aspiration precautions** Continuous, Post-op, Routine

☐ **Fall precautions** Continuous, Post-op, Routine
Increased observation level needed:

☐ **Latex precautions** Continuous, Post-op, Routine

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

Common Present on Admission Diagnosis

☐ **Acidosis** Once, Post-op, Routine

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

☐ **Acute Renal Failure** Once, Post-op, Routine

☐ **Acute Respiratory Failure** Once, Post-op, Routine

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

☐ **Anemia** Once, Post-op, Routine

☐ **Bacteremia** Once, Post-op, Routine

☐ **Bipolar disorder, unspecified** Once, Post-op, Routine

☐ **Cardiac Arrest** Once, Post-op, Routine

☐ **Cardiac Dysrhythmia** Once, Post-op, Routine

☐ **Cardiogenic Shock** Once, Post-op, Routine

☐ **Decubitus Ulcer** Once, Post-op, Routine

☐ **Dementia in Conditions Classified Elsewhere** Once, Post-op, Routine

☐ **Disorder of Liver** Once, Post-op, Routine

☐ **Electrolyte and Fluid Disorder** Once, Post-op, Routine

☐ **Intestinal Infection due to Clostridium Difficile** Once, Post-op, Routine

☐ **Methicillin Resistant Staphylococcus Aureus Infection** Once, Post-op, Routine

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

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

Order Panels

Postpartum 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**

- ☑ **CBC with differential** STAT, 1, Occurrences, Routine, Blood, 3
- ☑ **Comprehensive metabolic panel** STAT, 1, Occurrences, Routine, Blood, 3
- ☑ **Prothrombin time with INR** STAT, 1, Occurrences, Routine, Blood, 3
- ☑ **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.
- ☑ **Fibrinogen** STAT, 1, Occurrences, Routine, Blood, 3
- ☑ **Uric acid** STAT, 1, Occurrences, Routine, Blood, 3
- ☑ **LDH** STAT, 1, Occurrences, Routine, Blood, 3
- ☐ **Urine Protein and Creatinine**
  - ☑ **Creatinine level, urine, random** Once, 1, Occurrences, Routine, Urine
  - ☑ **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:

Nursing

Vital signs

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

☐ **OB Vital Signs-P/R/BP** Every 15 min, PACU & Post-op, Routine, 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)

☑ **Check temperature** Conditional Frequency, PACU & Post-op, Routine, 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)

☐ **Intake and output** Every shift, PACU & Post-op, Routine

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** Until discontinued, -1, Post-op, Routine
Specify:

☐ **Ambulate with assistance** Until discontinued, Post-op, Routine, Provide assistance as needed
Specify: ○ with assistance

Nursing care

☐ **Saline lock IV** Continuous, Post-op, Routine

☐ **Breast pump to bed** Once, Post-op, Routine

☐ **Abdominal binder** Once, Post-op, Routine
Waking hours only?
Nurse to schedule?
Special Instructions:

☑ **Encourage deep breathing and coughing** Every 2 hours, Post-op, Routine, Until ambulatory

☑ **Incentive spirometry instructions** Once, 1, Occurrences, Post-op, Routine
Frequency of use: ○ Every 2 hours. Place at bedside. Encourage patient to use.

☐ **K-pad to bedside** Until discontinued, Post-op, Routine

☐ **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)

☑ **Remove Foley catheter (Do not remove if patient is on magnesium sulfate, had postpartum hemorrhage or bladder injury)** Once, S, Post-op, Routine, Discontinue foley in *** hours.

☐ **Remove Foley catheter** Once, Post-op, Routine, When patient is able to ambulate

☑ **Bladder scan** As needed, Post-op, Routine, 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.

☑ **Assist patient to void on bedpan post epidural removal if unable to void and is fall risk** As needed, Post-op, Routine, 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.

☑ **Straight cath** Conditional Frequency, 1, Occurrences, Post-op, Routine, 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).

☑ **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

☑ **Uterine fundal massage** Every 4 hours, -1, Occurrences, PACU & Post-op, Routine, Uterine Fundal Massage postpartum for 24 hour and PRN

Nursing POD 2

☐ **Activity as tolerated** Until discontinued, S+2, Post-op, Routine
Specify: ○ Activity as tolerated

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

☐ **Remove abdominal dressing 48 hours PostOP** Until discontinued, S+2, Post-op, Routine

☐ **Saline lock IV** Continuous, Post-op, Routine

☐ **Discontinue IV** Once, S+2, Post-op, Routine, After epidural is removed.

☐ **Call for discharge order when:** Until discontinued, S+2, 1200, Post-op, Routine, 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

Nursing POD 3

☑ **Call for discharge order when:** Until discontinued, S+3, Routine, 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** Once, S+3, Post-op, Routine, Notify MD for removal of staples: apply benzoin tincture and steri-strips.

Notify

☑ **Notify Physician for vitals:** Until discontinued, PACU & Post-op, Routine, And for urine output less than 120 milliliters per 4 hours
Temperature greater than: ○ 100.3 ○ 100.5
Temperature less than: ○ 96.8
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
MAP less than: 60.000

☐ **Notify Physician for abnormal bleeding** Until discontinued, PACU & Post-op, Routine

☐ **Notify Lactation Consult to see patient** Until discontinued, Post-op, Routine

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** Diet effective now, PACU & Post-op, Routine, Clear liquids first 2 hours post op then regular diet.
Diet(s): ○ Regular
Advance Diet as Tolerated? ○ Yes
Target Diet: Regular
Advance target diet criteria: Advance to regular diet 2 hours postop
Cultural/Special:
Other Options:
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

☑ **Chew gum 4 times a day 4 hours after procedure or once on regular diet** Once, 1, Occurrences, S, PACU & Post-op, Routine

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

☐ **Diet - Advance to Regular** Diet effective now, Post-op, Routine, Advance diet as tolerated 12 hours PostOP
Advance Diet as Tolerated? ○ Yes
Target Diet: Regular
Diet(s):
Cultural/Special:
Other Options:
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

IV Fluids

IV Fluids

☑ **lactated ringer's infusion** 125 mL/hr, intravenous, continuous, Post-op

☐ **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.

☑ **Scheduled**

Select one scheduled NSAID and one scheduled Tylenol order

☑ **ibuprofen (MOTRIN)** (Required)

○ **ibuprofen (ADVIL) tablet 800 mg** 800 mg, oral, every 8 hours scheduled, S+1
Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

○ **ibuprofen (ADVIL) tablet 600 mg** 600 mg, oral, every 6 hours scheduled, S+1
Start 6 hours after last Toradol dose administered, begin after anesthesia care ends.
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

☑ **acetaminophen (TYLENOL) tablet** (Required)

○ **acetaminophen ER (TYLENOL) 650 mg** 650 mg, oral, every 8 hours scheduled, 4, Days, S+1
Start after Anesthesia care ends - give 8 hrs after last dose of Acetaminophen (OFIRMEV) IV dose if given intraop.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

○ **acetaminophen (TYLENOL) tablet 1000 mg** 1000 mg, oral, every 6 hours scheduled, 4, Days, S+1
Start after Anesthesia care ends - give 6 hrs after last dose of Acetaminophen(OFIRMEV) IV dose if given intraop.

○ **acetaminophen (TYLENOL) tablet 650 mg** 650 mg, oral, every 6 hours scheduled, 4, Days, S+1
start after Anesthesia care ends - give 8 hrs after last dose of Acetaminophen (OFIRMEV) IV dose if given intraop.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

☑ **PRN ONLY for Moderate to Severe Pain**

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

○ **PRN severe pain**

☐ **oxyCODone (ROXICODONE) IR tablet 5 mg** 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Give if patient can receive oral tablet/capsule.

☐ **oxyCODone (ROXICODONE) IR tablet 10 mg** 10 mg, oral, every 4 hours PRN, severe pain (score 7-10)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

○ **oxyCODONE (ROXICODONE) IR tablet 5 mg** 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6)
severe pain (score 7-10)
Allowance for Patient Preference:
Start after Anesthesia care ends
Give if patient can receive oral tablet/capsule.

Vaccines - If NOT given during pregnancy - NOT HMSJ

☑ **measles-mumps-rubella Vaccine** 10exp3.4-4.2- , subcutaneous, once PRN, Post-op, immunization
Patient Consent if Rubella Non-Immune. If NOT given during pregnancy
MIX THE 2 VIALS BEFORE ADMINISTRATION. SCAN THE VACCINE. DO NOT SCAN THE DILUENT. GIVE SUBCUTANEOUSLY ONLY!!

☑ **diphtheria-pertussis-tetanus (BOOSTRIX / ADACEL) Vaccine** 0.5 mL, intramuscular, once PRN, Post-op, immunization
Upon patient consent and prior to discharge. If NOT given during pregnancy

Gastrointestinal Care

☑ **docusate sodium (COLACE) capsule** 100 mg, oral, 2 times daily, Post-op

☐ **sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet** 2 tablet, oral, nightly, Post-op

☑ **simethicone (MYLICON) chewable tablet** 160 mg, oral, 4 times daily PRN, Post-op, gas pain, flatulence

☐ **alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension** 30 mL, oral, every 3 hours PRN, Post-op, gas pain, indigestion
Do NOT give if patient is on hemodialysis or with CrCl < 30 mL/min.

☑ **bisacodyl (DULCOLAX) suppository** 10 mg, rectal, daily PRN, Post-op, constipation

Fever Care

☑ **acetaminophen (TYLENOL) tablet** 650 mg, oral, every 6 hours PRN, Post-op, 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).

Breast Care

☑ **lanolin cream** 1 Application, Topical, PRN, Post-op, discomfort, dry skin
Specify Site: Nipples
PATIENT MAY SELF ADMINISTER

PostPartum Oxytocin

☑ **oxytocin (PITOCIN) Bolus and Maintenance Infusion**

☑ **oxytocin 30 unit/500 mL bolus from bag** 10 Units, intravenous, once, 1, Occurrences, L&D Pre-Delivery, 30.000 Minutes

☑ **oxytocin (PITOCIN) infusion** 5.7 Units/hr, intravenous, once, 1, Occurrences, L&D Pre-Delivery
Run at 95 mL/hr for 3.5 hours.

Bleeding Medications Postpartum

○ **oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE)**
methylergonovine (METHERGINE) is contraindicated if BP GREATER than 140/90 mmHg

☑ **oxytocin (PITOCIN) infusion** 5.7 Units/hr, intravenous, continuous PRN, Postpartum, PostPartum Vaginal Bleeding
If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.

☑ **methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than 140/90 mmHg** 200 mcg, intramuscular, once PRN, Postpartum, as needed for vaginal bleeding not controlled by oxytocin
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**

☑ **oxytocin (PITOCIN) infusion** 5.7 Units/hr, intravenous, continuous PRN, Postpartum, PostPartum Vaginal Bleeding
If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.

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

☑ **carboprost (HEMABATE) injection** 250 mcg, intramuscular, once PRN, Postpartum, for Vaginal Bleeding uncontrolled by oxytocin.
Inject deeply into a large muscle such as the deltoid. Aspirate prior to injection to avoid injecting into a blood vessel.

☑ **diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet** 1 tablet, oral, once PRN, Postpartum, diarrhea

○ **oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC)**

☑ **oxytocin (PITOCIN) infusion** 5.7 Units/hr, intravenous, continuous PRN, Postpartum, Postpartum Bleeding
If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr

☑ **misoprostol (CYTOTEC) tablet** 1000 mcg, oral, once PRN, Postpartum, as needed for vaginal bleeding not controlled by oxytocin
Use if inadequate response to oxytocin. Notify Physician if further treatment needed.
This drug presents a potential hazard to men and women actively trying to conceive or women who are pregnant or may become pregnant and are breast feeding.

○ **tranexamic acid (CYCLOKAPRON) IVPB** 1000 mg, intravenous, PRN, Post-op, 10.000 Minutes

Bleeding Medications Postpartum (HMH)

○ **oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE)**

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

☑ **oxytocin (PITOCIN) infusion** 5.7 Units/hr, intravenous, continuous PRN, Postpartum, PostPartum Vaginal Bleeding
If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.

☑ **methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than 140/90 mmHg** 200 mcg, intramuscular, once PRN, Postpartum, as needed for vaginal bleeding not controlled by oxytocin
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**

☑ **oxytocin (PITOCIN) infusion** 5.7 Units/hr, intravenous, continuous PRN, Postpartum, PostPartum Vaginal Bleeding
If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.

☑ **carboprost (HEMABATE) injection** 250 mcg, intramuscular, once PRN, Postpartum, for Vaginal Bleeding uncontrolled by oxytocin.
Inject deeply into a large muscle such as the deltoid. Aspirate prior to injection to avoid injecting into a blood vessel.

☑ **diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet** 1 tablet, oral, once PRN, Postpartum, diarrhea

○ **oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC)**

☑ **oxytocin (PITOCIN) infusion** 5.7 Units/hr, intravenous, continuous PRN, Postpartum, Postpartum Bleeding
If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr

☑ **misoprostol (CYTOTEC) tablet** 1000 mcg, oral, once PRN, Postpartum, as needed for vaginal bleeding not controlled by oxytocin
Use if inadequate response to oxytocin. Notify Physician if further treatment needed.
This drug presents a potential hazard to men and women actively trying to conceive or women who are pregnant or may become pregnant and are breast feeding.

○ **tranexamic acid (CYCLOKAPRON) IVPB** PRN, Post-op
Obtain pre-mix bag from postpartum hemorrhage cart and infuse over 10 minutes.

Naloxone

☑ **naloxone (NARCAN) 0.4 mg/mL injection** 0.4 , PRN, Post-op, respiratory depression
opioid reversal

Mild Pain (Pain Score 1-3) - 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, every 6 hours PRN, Post-op, for non-breast feeding mothers, mild pain (score 1-3)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
Start after PCA discontinued or 24 hours after Duramorph injection.

○ **HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 1 tablet, oral, every 4 hours PRN, Post-op, mild pain (score 1-3)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Start after PCA discontinued or 24 hours after Duramorph injection.
Monitor and record pain scores and respiratory status.
Give if patient can receive oral tablet/capsule.

Mild Pain (Pain Score 1-3) - 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, every 6 hours PRN, Post-op, mild pain (score 1-3)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
Start after PCA discontinued or 24 hours after Duramorph injection.

○ **HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 1 tablet, oral, every 4 hours PRN, Post-op, mild pain (score 1-3)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
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
Give if patient can receive oral tablet/capsule.

Moderate Pain (Pain Score 4-6) - HMH HMW HMWB HMCL ONLY

Start after PCA discontinued or 24 hours after Duramorph injection.

○ **HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Start after PCA discontinued or 24 hours after Duramorph injection.
Give if patient can receive oral tablet/capsule.

○ **acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet** 2 tablet, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
Start after PCA discontinued or 24 hours after Duramorph injection.

○ **oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Start after PCA discontinued or 24 hours after Duramorph injection.
Give if patient can receive oral tablet/capsule. Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

○ **oxyCODONE (ROXICODONE) immediate release tablet** 5 mg, oral, every 4 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Start after PCA discontinued or 24 hours after Duramorph injection.
Give if patient can receive oral tablet/capsule.

Moderate Pain (Pain Score 4-6) - HMSJ Only

Start after PCA discontinued or 24 hours after Duramorph injection.

○ **HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Start after PCA discontinued or 24 hours after Duramorph injection.
Give if patient can receive oral tablet/capsule.

○ **acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet** 2 tablet, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
Start after PCA discontinued or 24 hours after Duramorph injection.

○ **oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Start after PCA discontinued or 24 hours after Duramorph injection.
Give if patient can receive oral tablet/capsule. Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

○ **oxyCODONE (ROXICODONE) immediate release tablet** 5 mg, oral, every 4 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Start after PCA discontinued or 24 hours after Duramorph injection.
Give if patient can receive oral tablet/capsule.

Moderate Pain (Pain Score 4-6) - 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, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Start after PCA discontinued or 24 hours after Duramorph injection.
Give if patient can receive oral tablet/capsule.

○ **acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet** 2 tablet, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
Start after PCA discontinued or 24 hours after Duramorph injection.

○ **oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Start after PCA discontinued or 24 hours after Duramorph injection.
Give if patient can receive oral tablet/capsule. Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

○ **oxyCODONE (ROXICODONE) immediate release tablet** 5 mg, oral, every 4 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request (selection)
Start after PCA discontinued or 24 hours after Duramorph injection.
Give if patient can receive oral tablet/capsule.

Severe Pain (Pain Score 7-10) - NOT HMSL HMTW
Start after PCA discontinued or 24 hours after Duramorph injection.

○ **HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet** 1 tablet, oral, every 6 hours PRN, Post-op, severe pain (score 7-10)
Allowance for Patient Preference:
Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.

○ **oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet** 2 tablet, oral, every 6 hours PRN, Post-op, severe pain (score 7-10)
Allowance for Patient Preference:
Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.
Give if patient can receive oral tablet/capsule. Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

○ **oxyCODONE (ROXICODONE) immediate release tablet** 5 mg, oral, every 4 hours PRN, Post-op, severe pain (score 7-10)
Allowance for Patient Preference:
Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status
Give if patient can receive oral tablet/capsule.

○ **morPHINE injection** 4 mg, intravenous, every 3 hours PRN, Post-op, severe pain (score 7-10)
Start after PCA discontinued or 24 hours after Duramorph injection.

Severe Pain (Pain Score 7-10) - HMSL HMTW Only
Start after PCA discontinued or 24 hours after Duramorph injection.

○ **HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet** 1 tablet, oral, every 6 hours PRN, Post-op, severe pain (score 7-10)
Allowance for Patient Preference:
Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.

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

○ **oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet** 2 tablet, oral, every 6 hours PRN, Post-op, severe pain (score 7-10)
Allowance for Patient Preference:
Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status.
Give if patient can receive oral tablet/capsule. Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

○ **oxyCODONE (ROXICODONE) immediate release tablet** 5 mg, oral, every 4 hours PRN, Post-op, severe pain (score 7-10)
Allowance for Patient Preference:
Start after PCA discontinued or 24 hours after Duramorph injection. Monitor and record pain scores and respiratory status
Give if patient can receive oral tablet/capsule.

○ **morPHINE injection** 4 mg, intravenous, every 3 hours PRN, Post-op, severe pain (score 7-10)
Start after PCA discontinued or 24 hours after Duramorph injection.

Adjunct Pain Medication

○ **Adjunct Medication Option: ketorolac (TORADOL) IV**

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, every 6 hours PRN, moderate pain (score 4-6)

○ **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, every 6 hours PRN, moderate pain (score 4-6)

○ **ibuprofen (ADVIL,MOTRIN) tablet** 600 mg, oral, every 6 hours PRN, Post-op, Cramping, Laceration or Incision Pain
May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets.
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

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

☑ **promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV**

◉ **ondansetron (ZOFRAN) injection** 4 mg, intravenous, every 8 hours PRN, nausea
vomiting
Give ondansetron (ZOFRAN) as first choice for Antiemetic
May cause QTc prolongation.

◉ **promethazine (PHENERGAN) injection** 12.5 mg, intravenous, every 6 hours PRN, nausea
vomiting
Give if ondansetron (ZOFRAN) is ineffective.

Antiemetics - HMSL, HMWB Only

☑ **promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV**

◉ **ondansetron (ZOFRAN) injection** 4 mg, intravenous, every 8 hours PRN, nausea
vomiting
Give as first choice for antiemetic.
May cause QTc prolongation.

◉ **promethazine (PHENERGAN) injection** 12.5 mg, intravenous, every 8 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.

Antiemetics - HMSTJ Only

☑ **promethazine (PHENERGAN) OR ondansetron (ZOFRAN) IV**

◉ **ondansetron (ZOFRAN) injection** 4 mg, intravenous, every 8 hours PRN, nausea
vomiting
Give as first choice for Antiemetic.
May cause QTc prolongation.

◉ **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.

Insomnia: Zolpidem for Patients LESS than 70 years of age

◉ **zolpidem (AMBIEN) tablet**

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

- ◉ **zolpidem (AMBIEN) tablet** 5 mg, oral, nightly PRN, sleep

Itching

- ☑ **diphenhydrAMINE (BENADRYL) injection** 25 mg, intravenous, every 4 hours PRN, Post-op, severe itching, itching
  Contact anesthesiologist if administering within 24 hours of receiving Duramorph
- ☐ **diphenhydrAMINE (BENADRYL) tablet** 25 mg, oral, every 4 hours PRN, Post-op, severe itching, itching
  Contact anesthesiologist if administering within 24 hours of receiving Duramorph
- ☐ **nalbuphine (NUBAIN) injection** 2 mg, intravenous, every 2 hour PRN, Post-op, itching
  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.** Until discontinued, Post-op, Routine

Labs

- ☑ **Fetal Screen** Conditional Frequency, 1, Occurrences, S, S+4, Post-op, Routine, Blood, Conditional- One activation- If Rh Negative Mom and Rh Positive infant
- ☐ **Rhogam Type and Screen** Once, Post-op, Routine, Blood

Medication

- ☑ **rho(D) immune globulin (HYPERRHO/RHOGAM) injection** 1500 unit , PRN, 1, Occurrences, Post-op, 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.

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

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

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

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

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

- [x] **Moderate Risk** (Required)
  - [x] **Moderate risk of VTE** Once, Routine
- [ ] **HM RX DVT OBGYN 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.
  - ○ **Third Trimester - HEParin subcutaneous**
    - [x] **HEParin (porcine) injection** 10000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
    - [x] **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.

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

○ **Contact OBGYN provider after removal of epidural catheter for anticoagulation orders** Until discontinued, Routine

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

☑ **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 - Prophylaxis** (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** (Required)

☑ **High risk of VTE** Once, Routine

☑ **HM RX DVT OBGYN 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.

○ **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.

○ **Contact OBGYN provider after removal of epidural catheter for anticoagulation orders** Until discontinued, Routine

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

☑ **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:**_____

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

☑ **High risk of VTE** Once, Routine

☑ **High Risk - Therapeutic**

○ **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**

☑ **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, For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.
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

○ **Contact OBGYN provider after removal of epidural catheter for anticoagulation orders** Until discontinued, Routine

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

☑ **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)

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

☑ **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

☑ **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)
No more than one minor risk factors; No major risk factors

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

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

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

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

- [x] **Moderate Risk** (Required)
  - [x] **Moderate risk of VTE** Once, Routine
- [ ] **HM RX DVT OBGYN 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.
  - ○ **Third Trimester - HEParin subcutaneous**
    - [x] **HEParin (porcine) injection** 10000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
    - [x] **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.

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

○ **Contact OBGYN provider after removal of epidural catheter for anticoagulation orders** Until discontinued, Routine

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

☑ **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 - Prophylaxis** (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** (Required)

☑ **High risk of VTE** Once, Routine

☑ **HM RX DVT OBGYN 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.

○ **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.

○ **Contact OBGYN provider after removal of epidural catheter for anticoagulation orders** Until discontinued, Routine

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

☑ **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:**_____

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

☑ **High risk of VTE** Once, Routine

☑ **High Risk - Therapeutic**

○ **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**

☑ **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, For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.
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

○ **Contact OBGYN provider after removal of epidural catheter for anticoagulation orders** Until discontinued, Routine

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

☑ **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)

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

- [x] **Moderate risk of VTE** Once, Routine
- [x] **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:
- [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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** (Required)

- [x] **Moderate risk of VTE** Once, Routine
- [x] **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:
- [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):

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

- [x] **High risk of VTE** Once, Routine
- [x] **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:
- [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):

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

- [x] **High risk of VTE** Once, Routine
- [x] **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:
- [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):

Labs

Labs

- [x] **Bedside glucose** Once, 1, Occurrences, PACU & Post-op, Routine, Blood, 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.

Hematology

- [ ] **Hemoglobin** AM draw, 1, Occurrences, Post-op, Routine, Blood, 3
- [ ] **Hematocrit** AM draw, 1, Occurrences, Post-op, Routine, Blood, 3

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

☐ **CBC hemogram** AM draw, 1, Occurrences, Post-op, Routine, Blood, 3
CBC only; Does not include a differential

☐ **CBC with differential** AM draw, 1, Occurrences, Post-op, Routine, Blood, 3

☐ **Urinalysis screen and microscopy, with reflex to culture** Conditional Frequency, 1, Occurrences, Post-op, Routine, Urine,
Clean catch, one activation for temperature greater than 101
Specimen Source: Urine
Specimen Site:
Specimen must be received in the laboratory within 2 hours of collection.

Hypertensive Lab Panel

☐ **Pre-Eclamptic Lab Panel**

☑ **CBC with differential** STAT, 1, Occurrences, Routine, Blood, 3

☑ **Comprehensive metabolic panel** STAT, 1, Occurrences, Routine, Blood, 3

☑ **Prothrombin time with INR** STAT, 1, Occurrences, Routine, Blood, 3

☑ **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.

☑ **Fibrinogen** STAT, 1, Occurrences, Routine, Blood, 3

☑ **Uric acid** STAT, 1, Occurrences, Routine, Blood, 3

☑ **LDH** STAT, 1, Occurrences, Routine, Blood, 3

☐ **Urine Protein and Creatinine**

☑ **Creatinine level, urine, random** Once, 1, Occurrences, Routine, Urine

☑ **Protein, urine, random** Once, 1, Occurrences, Routine, Urine

Cardiology
Imaging
Other Studies
Respiratory
Rehab
Consults
For Physician Consult orders use sidebar

Ancillary Consults

☑ **Consult to Lactation Support** Once, Post-op, Routine, If needed
Reason for Lactation Consult:
Reason for Consult?

☐ **Consult PT/OT for Pelvic Floor Therapy OB**

☑ **Consult to PT for pelvic floor therapy OB** Once, 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 OT for pelvic floor therapy OB** Once, Routine
Reason for referral to Occupational Therapy (mark all that apply):
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 OT?
If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupational therapy

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

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

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

☐ **Consult to Spiritual Care** Once, Post-op, Routine
Reason for consult?
Reason for Consult?
For requests after hours, call the house operator.

☐ **Consult to PT eval and treat** Once, 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

Additional Orders

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