

Location: \_\_\_\_\_

## General

### 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:

☐ **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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### 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
- ☐ **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

### Nursing

#### Activity

- ☐ **Strict bed rest** Until discontinued, L&D Pre-Delivery, Routine, Flat
- ☐ **Bed rest with bathroom privileges** Until discontinued, L&D Pre-Delivery, Routine  
Bathroom Privileges: ○ with bathroom privileges

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ **Ambulate with assistance** 3 times daily, L&D Pre-Delivery, Routine

Specify: ☐ with assistance

### Vital Signs

☒ **Vital signs - T/P/R/BP - Per unit protocol** Per unit protocol, L&D Pre-Delivery, Routine, Per unit Guidelines of Care

☐ **Pulse oximetry** Continuous, L&D Pre-Delivery, Routine

Current FIO2 or Room Air:

☐ **Pulse oximetry** Once, 1, Occurrences, L&D Pre-Delivery, Routine

Current FIO2 or Room Air:

☐ **Pain Assessment** Once, L&D Pre-Delivery, Routine, Per unit Guidelines of Care

Assess: ☐ Pain

### Nursing Care

☐ **Apply external fetal monitor**

☒ **Monitor fetal heart tones continuous** Continuous, Routine

Type: ☐ Continuous

☐ **Doppler fetal heart tones** As directed, -1, Routine, For less than 23 weeks gestation doppler fetal heart tones

Type:

☐ **Fetal nonstress test** Once, Routine

☐ **Tocometry** Until discontinued, Routine

Type: ☐ Continuous

☐ **Sterile vaginal exam** Once, L&D Pre-Delivery, Routine, Perform sterile vaginal exam to monitor progression or if clinically indicated

☐ **No sterile vaginal exam** Until discontinued, L&D Pre-Delivery, Routine

☐ **Sterile speculum exam** Once, L&D Pre-Delivery, Routine

☐ **Encourage fluids** Until discontinued, L&D Pre-Delivery, Routine

☐ **Discharge instructions for Nursing** Once, L&D Pre-Delivery, Routine, Send patient home with precautions

### Notify

☒ **Notify Physician when initial assessment is complete OR within one hour.** Until discontinued, L&D Pre-Delivery, Routine

### Diet

☒ **NPO** Diet effective now, L&D Pre-Delivery, Routine

NPO:

Pre-Operative fasting options:

An NPO order without explicit exceptions means nothing can be given orally to the patient.

☐ **Diet - Clear Liquid** Diet effective now, L&D Pre-Delivery, 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, L&D Pre-Delivery, Routine

Diet(s): ☐ Regular

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ **Diet** - Diet effective now, L&D Pre-Delivery, Routine

Diet(s):

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

#### IV Fluids

##### IV Fluids

☒ **lactated ringers infusion And bolus**

☒ **lactated Ringer's infusion** 125 mL/hr, intravenous, continuous

☒ **lactated Ringer's bolus from bag** 500 mL, intravenous, PRN, 999.000 mL/hr, Bolus as needed for Non-reassuring FHR with tachysystole.

☐ **lactated ringers (LR) or sodium chloride 0.9% (NS) bolus and infusion**

☒ **lactated ringers (LR) or sodium chloride 0.9% (NS) bolus**

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

☒ **lactated ringers bolus** 1000 mL, intravenous, PRN, L&D Pre-Delivery, 60.000 Minutes, Bolus as needed for Non-reassuring FHR with Tachysystole

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

☒ **sodium chloride 0.9 % bolus** 1000 mL, intravenous, PRN, L&D Pre-Delivery, 60.000 Minutes, Bolus as needed for Non-reassuring FHR with Tachysystole

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

☒ **lactated ringers (LR) or sodium chloride 0.9% (NS) infusion**

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

☒ **lactated ringer's infusion** 125 mL/hr, intravenous, once, 1, Occurrences, L&D Pre-Delivery

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

☒ **sodium chloride 0.9 % infusion** 125 mL/hr, intravenous, once, 1, Occurrences, L&D Pre-Delivery

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

#### 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

##### Tocolytics

☐ **NIFEdipine (PROCARDIA) capsule** 10 mg, oral, once, 1, Occurrences, L&D Pre-Delivery

Nifedipine 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:

SWALLOW WHOLE. DO NOT CRUSH, SPLIT OR CHEW.

☐ **terbutaline (BRETHINE) injection** 0.25 mg, subcutaneous, every 20 min PRN, 3, Occurrences, L&D Pre-Delivery, For

Tocolysis

May give up to 3 doses as needed.

HOLD for pulse GREATER than 120 BPM.

##### Mild Pain (Pain Score 1-3)

☐ **acetaminophen (TYLENOL) tablet** 650 mg, oral, once PRN, L&D Pre-Delivery, mild pain (score 1-3)

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

##### Moderate Pain (Pain Score 4-6)

☐ **fentaNYL citrate (PF) (SUBLIMAZE) injection** 50 mcg, intravenous, once PRN, L&D Pre-Delivery

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- ☐ **nalbuphine (NUBAIN) injection** 5 mg, intravenous, once PRN, L&D Pre-Delivery, moderate pain (score 4-6)

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

- ☐ **morPHINE injection** 2 mg, intravenous, once PRN, L&D Pre-Delivery, moderate pain (score 4-6)

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

#### Moderate Pain (Pain Score 4-6)

- ☐ **fentaNYL (SUBLIMAZE) injection** 50 mcg, intravenous, once PRN, L&D Pre-Delivery, moderate pain (score 4-6)

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

- ☐ **nalbuphine (NUBAIN) injection** 5 mg, intravenous, once PRN, L&D Pre-Delivery, moderate pain (score 4-6)

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

- ☐ **morPHINE injection** 2 mg, intravenous, once PRN, L&D Pre-Delivery, moderate pain (score 4-6)

Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

#### Severe Pain (Pain Score 7-10)

- ☐ **fentaNYL (SUBLIMAZE) injection** 100 mcg, intravenous, once PRN, L&D Pre-Delivery, severe pain (score 7-10)

- ☐ **nalbuphine (NUBAIN) injection** 10 mg, intravenous, once PRN, L&D Pre-Delivery, severe pain (score 7-10)

- ☐ **morPHINE injection** 4 mg, intravenous, once PRN, L&D Pre-Delivery, severe pain (score 7-10)

#### Antihypertensives

- ☐ **labetalol (NORMODYNE) tablet** 200 mg, oral, once, 1, Occurrences, L&D Pre-Delivery, high blood pressure

BP & HR HOLD parameters for this order: ☐ ONCE or PRN Orders - No Hold Parameters Needed

Contact Physician if:

For hypertension

- ☐ **hydrALAZINE (APRESOLINE) tablet** 5 mg, oral, once, 1, Occurrences, high blood pressure

BP HOLD parameters for this order:

Contact Physician if:

For hypertension.

#### PRN Severe Hypertension

- ☐ **NIFedipine (PROCARDIA) capsule** 10 mg, oral, once PRN, 1, Occurrences, L&D Pre-Delivery, for severe BP elevations of 15 min or more. Recheck BP in 15 min., high blood pressure

Contact Physician if: ☐ For Systolic BP GREATER than 160mmHG and Diastolic BP GREATER than 110mmHg

Nifedipine 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:

SWALLOW WHOLE. DO NOT CRUSH, SPLIT OR CHEW.

- ☐ **labetalol (NORMODYNE,TRANDATE) injection** 20 mg, intravenous, once PRN, 1, Occurrences, L&D Pre-Delivery, for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more., high blood pressure

Contact Physician if: For Systolic BP GREATER than 160mmHG and Diastolic BP GREATER than 110mmHg

Give IV Push over 2 minutes. Repeat BP measurements in 10 minutes and record results.

#### Antiemetics - HMM, HMSJ, HMW, HMSTC, HMTW Only

- ☐ **ondansetron (ZOFTRAN) IV or Oral** (Required)

- ☒ **ondansetron ODT (ZOFTRAN-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 (ZOFTRAN) 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)**

- ☒ **promethazine (PHENERGAN) 12.5 mg IV** 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

- ☒ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☒ **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting

Give if ondansetron (ZOFTRAN) 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 (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

#### Antiemetics - HMSL, HMWB Only

☐ **ondansetron (ZOFTRAN) IV or Oral (Required)**

☒ **ondansetron ODT (ZOFTRAN-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 (ZOFTRAN) 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 (ZOFTRAN) 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 (ZOFTRAN) 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 (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

#### Antiemetics - HMSTJ Only

☐ **ondansetron (ZOFTRAN) IV or Oral (Required)**

☒ **ondansetron ODT (ZOFTRAN-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 (ZOFTRAN) 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 (ZOFTRAN) 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 (ZOFTRAN) 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 (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

#### Labs

☐ **COVID-19 Qualitative PCR**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_



☐ **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

Please select a reason for ordering, if applicable.: Laboring patient

Please select a reason for ordering, if applicable.: Laboring patient

Specimen Source:

#### Hematology and Coagulation

☐ **CBC hemogram** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3

CBC only; Does not include a differential

☐ **Fibrinogen** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3

☐ **Kleihauer-Betke** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Blood

☐ **Prothrombin time with INR** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3

☐ **Partial thromboplastin time** STAT, 1, Occurrences, 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.

☐ **Type and screen, obstetrical patient** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Blood

#### Chemistry

☐ **Basic metabolic panel** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3

☐ **Comprehensive metabolic panel** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3

☐ **D-dimer** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3

☐ **Magnesium** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3

☐ **Uric acid** STAT, 1, Occurrences, L&D Pre-Delivery, Routine, Blood, 3

#### 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

#### 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

☐ **Magnesium and D-dimer**

☐ **D-dimer** STAT, 1, Occurrences, Routine, Blood, 3

☐ **OB Magnesium Level** STAT, 1, Occurrences, Routine, Blood, 3

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## Urine Creatinine and Protein

- ☐ **24 Hour Urine**
- ☒ **Creatinine clearance, urine, 24 hour** Once, Routine, Urine
  - ☒ **Protein, urine, 24 hour** Once, Routine, Urine

## Microbiology

- ☐ **Sexually Transmitted Infections**
- ☒ **Chlamydia trachomatis, NAA** STAT, 1, Occurrences, Routine  
Specimen Source:  
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
  - ☒ **Neisseria gonorrhoeae, NAA** STAT, 1, Occurrences, 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)** STAT, 1, Occurrences, 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, 1, Occurrences, Routine
- ☐ **Urinalysis screen and microscopy, with reflex to culture** STAT, 1, Occurrences, Routine, Urine  
Specimen Source: Urine  
Specimen Site:  
Specimen must be received in the laboratory within 2 hours of collection.
- ☐ **Wet prep** STAT, 1, Occurrences, Routine  
Deliver specimen immediately to the Core Laboratory.

## Cardiology

### Imaging

### Other Studies

#### Ultrasound

- ☐ **US Fetal Biophysical Profile** 1 time imaging, L&D Pre-Delivery, STAT  
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- ☐ **US Pregnancy Transvaginal** 1 time imaging, L&D Pre-Delivery, STAT  
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.
- ☐ **US Pregnancy Single Less Than 14 Weeks** 1 time imaging, L&D Pre-Delivery, STAT  
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.
- ☐ **US Pregnancy Greater Than 14 Weeks** 1 time imaging, L&D Pre-Delivery, STAT  
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.
- ☐ **US Pregnancy Limited** 1 time imaging, L&D Pre-Delivery, STAT  
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.

## Respiratory

### Rehab

### Consults

For Physician Consult orders use sidebar

#### Ancillary Consults

- ☐ **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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_



☐ **Consult to Social Work** Once, Routine

Reason for Consult:

Reason for Consult?

☐ **Consult to Spiritual Care** Once, Routine

Reason for consult?

Reason for Consult?

For requests after hours, call the house operator.

**Additional Orders**