Labor Admission Only Appears If: **HM SB INPATIENT**

Default Phase of Care: L&D Pre-Delivery

General

Phase of Care

This order must be checked to allow group discontinuation of pre-delivery orders by nursing during post partum phase of care.

[X] Discontinue pre-delivery orders

Routine, Once , L&D Pre-Delivery

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

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

(X) Admit to L&D

L&D Pre-Delivery

Code Status Only Appears If: **SB PHYSICIAN INCLUDING RESIDENTS OR FELLOWS**

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

[X] Full code

Code Status decision reached by: Patient by means of Oral Directive

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

[ ] DNR (Do Not Resuscitate)

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

[X] Consult to Palliative Care Service

[ ] Consult to Social Work

[ ] Modified Code

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

Isolation

[ ] Airborne isolation status (Selection Required)

[X] Airborne isolation status

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

Once

[ ] Contact isolation status

[ ] Droplet isolation status

[ ] Enteric isolation status

Precautions

[ ] Aspiration precautions

[ ] Fall precautions

On Admission and every 8 hours

[ ] Latex precautions

[ ] Seizure precautions

Common Present on Admission Diagnosis

[ ] Acidosis

[ ] Acute Post-Hemorrhagic Anemia

[ ] Acute Renal Failure

[ ] Acute Respiratory Failure

[ ] Acute Thromboembolism of Deep Veins of Lower Extremities

[ ] Anemia

[ ] Bacteremia

[ ] Bipolar disorder, unspecified

[ ] Cardiac Arrest

[ ] Cardiac Dysrhythmia

[ ] Cardiogenic Shock

[ ] Decubitus Ulcer

[ ] Dementia in Conditions Classified Elsewhere

[ ] Disorder of Liver

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

Panel Orders

OB Panel Orders

[ ] Magnesium Sulfate OB Panel (Selection Required)

[X] Vital Signs (Selection Required)

[X] Vital signs - T/P/R/BP
Routine, Q15 Min , 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
Routine, Q1H , 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%

[X] Nursing (Testing) (Selection Required)

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

[X] Assess for Magnesium Toxicity
Routine, Q15 Min, Starting Today , Monitor and document. Acquire a baseline measurement prior to infusion therapy, then assess deep tendon reflex's (DTR), level of consciousness (LOC) and orientation, clonus, headache, visual disturbances, nausea/vomiting, and epigastric pain every 15 minutes times 1 hour, then every 30 minutes times 1 hour. Following the first two hours of magnesium infusion monitor DTR's every 2 hours or per physician order. Notify physician for decreased or absent deep tendon reflexes.

[ ] Assess for PreEclampsia
Routine, Once , Monitor for Non Remitting Headache, Visual Disturbances, Epigastric Pain, and Clonus every 15 min times 1 hour, then every 30 minutes times 1 hour during magnesium bolus then every 2 hours while on magnesium sulfate.

[ ] Daily weights
Routine, Daily

[ ] Toileting - Bedside commode
Routine, Until Discontinued, Starting Today, At: N

[X] Strict intake and output
Routine, Q1H

[X] Limit total IV fluid intake to 125 cc/hr
Routine, Until Discontinued, Starting Today, At: N

[ ] Insert and maintain Foley (Selection Required)

[X] Insert Foley catheter
Routine, Once , Foley catheter may be removed per nursing protocol.

[X] Foley Catheter Care
Routine, Until Discontinued, Starting Today, At: N

[ ] Activity (Selection Required)

[ ] Strict bed rest

Routine, Until Discontinued, Starting Today, At: N

[X] Bed rest with bathroom privileges

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

[ ] Bed rest with bathroom privileges for BM only

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

[ ] Diet (Selection Required)

[ ] NPO

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

[X] NPO with ice chips

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

[ ] Diet - Clear liquids

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

[X] Notify (Selection Required)

[X] Notify Physician for validated vitals:

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

[X] Notify Physician for magnesium

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

[X] IV Fluids (Selection Required)

[X] lactated ringer's infusion

75 mL/hr, intravenous, Continuous

[X] Magnesium Sulfate (Selection Required)

( ) Magnesium Sulfate 6 gm Loading and Maintenance Infusion (Selection Required)

DISCONTINUE INFUSION AND CALL PROVIDER IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

[X] Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate (less than 10 breaths/minute), oliguria (less than 30 mililiters/hour), shortness of breath or tightness in chest

Routine, Until Discontinued, Starting Today, At: N

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

Loading Dose - magnesium sulfate 6 grams IV bolus from bag

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

Followed by

Maintenance Dose - magnesium sulfate IV

intravenous, Continuous, Starting 30 Minutes after signing

( ) magnesium sulfate 4 gm Loading and Maintenance Infusion (Selection Required)

DISCONTINUE INFUSION AND CALL PROVIDER IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

[X] Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate (less than 10 breaths/minute), oliguria (less than 30 mililiters/hour), shortness of breath or tightness in chest

Routine, Until Discontinued, Starting Today, At: N

[X] magnesium sulfate 4 gm IV Loading Dose + Maintenance infusion (Selection Required)

Loading Dose - magnesium sulfate 4 grams IV bolus from bag

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

Followed by

Maintenance Dose - magnesium sulfate IV

intravenous, Continuous, Starting 30 Minutes after signing

( ) Magnesium Sulfate Maintenance Only (Selection Required)

DISCONTINUE INFUSION AND CALL PROVIDER IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

[X] Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate (less than 10 breaths/minute), oliguria (less than 30 mililiters/hour), shortness of breath or tightness in chest

Routine, Until Discontinued, Starting Today, At: N

[X] magnesium sulfate in water 20 gram/500 mL (4 %) infusion

2 g/hr, intravenous, Continuous

[ ] Corticosteroids (Selection Required)

( ) betamethasone acetate & sodium phosphate (CELESTONE) injection

12 mg, intramuscular, Once, For 1 Doses

( ) betamethasone acetate & sodium phosphate (CELESTONE) injection

12 mg, intramuscular, Q12H, For 2 Doses

( ) betamethasone acetate & sodium phosphate (CELESTONE) injection

12 mg, intramuscular, Q24H, For 2 Doses

[X] Rescue Agents (Selection Required)

[X] calcium gluconate injection

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

[ ] Labs (Selection Required)

[ ] OB magnesium level

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

[ ] OB magnesium level

Once , MD to enter repeat order information

[ ] Comprehensive metabolic panel

Once, Starting Tomorrow

[ ] Electrolyte panel

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

[ ] OB Hypertensive Crisis Panel (Selection Required)

[X] Notify (Selection Required)

[X] Notify physician if systolic blood pressure is greater than or equal to 160 mm Hg or if diastolic blood pressure is greater than or equal to 110 mm Hg

Routine, Until Discontinued, Starting Today, At: N

[ ] Initial First-Line Management - Select one (Selection Required)

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

[X] Initial First-Line Management with Labetalol (Selection Required)

labetalol (TRANDATE) injection

20 mg, intravenous, Once PRN, high blood pressure, for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more., For 1 Doses , Dose #1 of Labetalol
Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

And

labetalol (TRANDATE) injection

40 mg, intravenous, Once PRN, high blood pressure, If severe BP elevation persists 10 minutes AFTER the first dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses , Dose #2 of Labetalol - If BP threshold still exceeded 10 minutes after first dose administered.
Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

And

labetalol (TRANDATE) injection

80 mg, intravenous, Once PRN, high blood pressure, If severe BP elevation persists 10 minutes AFTER the second dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses , Dose #3 of Labetalol - If BP threshold still exceeded 10 minutes after second dose administered.
Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

[X] hydrALAZINE (APRESOLINE) injection

10 mg, intravenous, Once PRN, high blood pressure, If severe BP elevation persists 10 minutes AFTER the third dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses, Give 10 minutes AFTER last dose (#3) of Labetalol If BP threshold still exceeded.
Give IV Push over 2 minutes
If AFTER Hydralazine administration BP is BELOW threshold, continue to monitor BP closely.
Notify provider and if BP threshold is still exceeded, obtain emergency consultation from maternal-fetal medicine, internal medicine, anesthesia subspecialists. Give additional anti-hyperte, n, sive medication per specific order., BP HOLD parameters for this order: BP Hold Parameters requested, BP HOLD for: Systolic BP LESS than 100 mmHg

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

hydrALAZINE (APRESOLINE) injection

5 mg, intravenous, Once PRN, high blood pressure, for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more., For 1 Doses , Give IV Push over 2 minutes
Repeat BP measurements in 20 minutes and record results., BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

And

hydrALAZINE (APRESOLINE) injection

10 mg, intravenous, Once PRN, high blood pressure, If severe BP elevation persists 20 minutes AFTER the first dose of Hydralazine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses , Dose #2 of Hydralazine - If BP threshold still exceeded 20 minutes after first dose administered.
Give IV Push over 2 minutes
Repeat BP measurements in 20 minutes and record results., BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

And

labetalol (TRANDATE) injection

20 mg, intravenous, Once PRN, high blood pressure, If severe BP elevation persists 20 minutes AFTER the second dose of Hydralazine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses , Dose #1 of Labetalol
Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

And

labetalol (TRANDATE) injection

40 mg, intravenous, Once PRN, high blood pressure, If severe BP elevation persists 10 minutes AFTER the first dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses, Dose #2 of Labetalol - If BP threshold still exceeded 10 minutes after first dose administered.
Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results.
Notify provider and if BP threshold is still exceeded, obtain emergency consultation from maternal-fetal medicine, internal medicine, anesthesia subspecialists. Give additional anti-hypertensive medication per, , specific order., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

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

NIFEdipine (PROCARDIA) capsule

10 mg, oral, Once PRN, high blood pressure, for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more., For 1 Doses , Dose #1 of Nifedipine
Repeat BP measurements in 20 minutes and record results.

And

NIFEdipine (PROCARDIA) capsule

20 mg, oral, Once PRN, high blood pressure, for severe BP elevation persists 20 minutes AFTER the first dose of Nifedipine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses , Dose #2 of Nifedipine
Repeat BP measurements in 20 minutes and record results.
If BP is BELOW threshold, continue to monitor BP closely.

And

labetalol (TRANDATE) injection

40 mg, intravenous, Once PRN, high blood pressure, If severe BP elevation persists 20 minutes AFTER the second dose of Nifedipine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses , Give IV Push over 2 minutes
Repeat BP measurements in 10 minutes and record results.
Notify provider and if BP threshold is still exceeded, obtain emergency consultation from maternal-fetal medicine, internal medicine, anesthesia subspecialists. Give additional anti-hypertensive medication per specific order., BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested, BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm

[ ] Pre-Eclamptic Lab Panel (Selection Required)

[X] CBC with differential

STAT, For 1 Occurrences

[X] Comprehensive metabolic panel
STAT, For 1 Occurrences

[X] Prothrombin time with INR
STAT, For 1 Occurrences

[X] Partial thromboplastin time
STAT, For 1 Occurrences, Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to , waste prior to drawing a specimen.

[X] Fibrinogen
STAT, For 1 Occurrences

[X] Uric acid
STAT, For 1 Occurrences

[X] LDH
STAT, For 1 Occurrences

[ ] Urine Protein and Creatinine (Selection Required)

[X] Creatinine level, urine, random
Once, For 1 Occurrences

[X] Protein, urine, random
Once, For 1 Occurrences

[ ] Physician Consult (Selection Required)

[ ] Consult Anesthesiology

[ ] Consult Cardiology
Referral for 1 visits (expires: S+365)

[ ] Consult Neurology
Referral for 1 visits (expires: S+365)

[ ] Consult Internal Medicine
Referral for 1 visits (expires: S+365)

[ ] Consult Maternal and Fetal Medicine
Referral for 1 visits (expires: S+365)

[ ] Consult Neonatology
Referral for 1 visits (expires: S+365)

[ ] Consult Obstetrics and Gynecology
Referral for 1 visits (expires: S+365)

Nursing

Vital Signs

[X] Vital signs - T/P/R/BP (per unit protocol)
Routine, Per Unit Protocol , Per Guidelines of Care

Activity

[ ] Strict bed rest
Routine, Until Discontinued, Starting Today, At: N , L&D Pre-Delivery

[X] Bed rest with bathroom privileges
Routine, Until Discontinued, Starting Today, At: N, Bathroom Privileges: with bathroom privileges, L&D Pre-Delivery

[ ] May use birthing ball
Routine, Until Discontinued, Starting Today, At: N , L&D Pre-Delivery

[ ] Bed rest with bathroom privileges for BM
Routine, Until Discontinued, Starting Today, At: N, Bathroom Privileges: with bathroom privileges, For BM, L&D Pre-Delivery

[ ] Activity as tolerated
Routine, Until Discontinued, Starting Today, At: N, Specify: Activity as tolerated, L&D Pre-Delivery

[ ] May use Whirlpool tub if membranes intact

Routine, Until Discontinued, Starting Today, At: N , L&D Pre-Delivery

Nursing Care

[X] Apply external fetal monitor (Selection Required)

[X] Monitor fetal heart tones continuous

Routine, Continuous, Type: Continuous, L&D Pre-Delivery

[ ] Monitor fetal heart tones intermittent

Routine, Continuous, Type: Intermittent, L&D Pre-Delivery

[ ] Fetal nonstress test

Routine, Once , L&D Pre-Delivery

[X] Tocometry

Routine, Until Discontinued, Starting Today, At: N, Type: Continuous, L&D Pre-Delivery

[ ] Apply internal fetal monitor (FSE) (Selection Required)

[X] Fetal scalp monitor

Routine, Continuous, Indication: May place Fetal Scalp Electrode if unable to adequately monitor fetal heart tones and membranes are ruptured., May place if GBS positive: Yes, L&D Pre-Delivery

[X] Sterile vaginal exam

Routine, Until Discontinued, Starting Today, At: N , Perform sterile vaginal exam to monitor progression or if clinically indicated, L&D Pre-Delivery

[ ] For urinary retention: Assist patient to void on bedpan in upright position prior to straight cath x 1 followed by placement of indwelling urinary catheter if necessary

Routine, Until Discontinued, Starting Today, At: N , L&D Pre-Delivery

[ ] Straight cath

Routine, Conditional, For 1 Occurrences , If patient unable to void on bedpan, preferably in upright position, straight cath x 1. If patient unable to void after 1st straight cath, insert indwelling urinary catheter., L&D Pre-Delivery

[X] Insert and maintain Foley (Selection Required)

[X] Insert Foley catheter

Routine, Conditional, For 1 Occurrences , If regional block and patient unable to void insert indwelling urinary catheter., L&D Pre-Delivery

[X] Foley Catheter Care

Routine, Conditional, For 1 Occurrences , L&D Pre-Delivery

[ ] Patient may have epidural

Routine, Once , Notify Anesthesia immediately upon patient's request and begin pre-epidural hydration, L&D Pre-Delivery

[ ] Place/Maintain sequential compression device continuous

Routine, Continuous , L&D Pre-Delivery

[ ] Place antiembolic stockings

Routine, Until Discontinued, Starting Today, At: N , L&D Pre-Delivery

Notify

[X] Notify Physician for vitals:

Routine, Until Discontinued, Starting Today, At: N, Temperature greater than: 100.3, Systolic BP greater than: 160, Systolic BP less than: 90, Diastolic BP greater than: 110, Diastolic BP less than: 50, Respiratory rate greater than: 24, Respiratory rate less than: 10

[X] Notify Anesthesiologist immediately if patient requests an epidural and begin pre-epidural hydration

Routine, Until Discontinued, Starting Today, At: N

[X] Notify Nursery and Neonatologist to attend delivery if indicated

Routine, Until Discontinued, Starting Today, At: N

[ ] Notify (General)

Routine, Until Discontinued, Starting Today, At: N

Bowel Care

[ ] Tap water enema

Routine, Once , On Admission, L&D Pre-Delivery

[ ] mineral oil enema

1 enema, rectal, Once PRN, constipation, For 1 Doses, L&D Pre-Delivery , Once on admission

Consent

[X] Complete Consent Form

Routine, Once, Consent For: Delivery, Procedure: Vaginal delivery of fetus and placenta with possible cesarean section, possible episiotomy, and possible use of vacuum/forceps., L&D Pre-Delivery

Diet

[ ] NPO

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

[X] NPO with ice chips

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

[ ] Diet - Clear liquids

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

IV Fluids

IV Fluids

[X] lactated ringers bolus

1,000 mL, intravenous, Administer over: 30 Minutes, Once PRN, If patient requests epidural - for epidural prehydration, For 1 Doses, L&D Pre-Delivery , Notify Anesthesiologist immediately if patient requests Epidural and begin pre-epidural hydration.

[X] lactated ringer's infusion

125 mL/hr, intravenous, Continuous, L&D Pre-Delivery

[ ] dextrose 5 % and lactated ringers infusion

125 mL/hr, intravenous, Continuous, L&D Pre-Delivery

Peripheral IV Access

[X] Initiate and maintain IV (Selection Required)

[X] Insert peripheral IV

Routine, Once , L&D Pre-Delivery

[X] sodium chloride 0.9 % flush

10 mL, intravenous, Q12H SCH, L&D Pre-Delivery , if IV is saline locked

[X] sodium chloride 0.9 % flush

10 mL, intravenous, PRN, line care, L&D Pre-Delivery

Medications

Nitrous Oxide Orders Only Appears If: **SB IP ORDERSET HMWB HMCY ONLY**

[ ] Nitrous Oxide Administration Orders (Selection Required)

[X] Activity

[X] Fall precautions - while using nitrous oxide

L&D Pre-Delivery

[X] Consent (Selection Required)

[X] Complete Consent Form

Routine, Once, Consent For: Use of Nitrous Oxide, Procedure: Use of Nitrous Oxide for pain control, L&D Pre-Delivery

[X] Vital Signs (Selection Required) Only Appears If: **SB IP ORDERSET HMWB HMCY ONLY**

[ ] Continuous Fetal monitoring

Routine, Once , L&D Pre-Delivery

[X] Vital Signs - Nitrous Oxide use

Routine, Per Unit Protocol, For Until specified, Nitrous Oxide Use - Baseline Vital signs within One Hour prior to administration,, Vital signs 15 minutes after start time,, Vital signs hourly throughout duration of use,, Pain scale documented every 15 minutes during Nitrous Oxide use, L&D Pre-Delivery

[X] Continuous Oxygen saturation monitoring

Routine, Once , L&D Pre-Delivery

[X] Patient Education (Selection Required)

[X] RN to provide patient education prior to the initiation of Nitrous Oxide.

Routine, Until Discontinued, Starting Today, At: N , L&D Pre-Delivery

[X] Nitrous Oxide (Selection Required)

[X] nitrous oxide gas

inhalation, Continuous PRN, labor pain analgesia, L&D Pre-Delivery

Antibiotics

Does your patient have a penicillin allergy?

( ) No (Selection Required)

[X] Antibiotics: if GBS+ or Unknown (Selection Required)

(X) penicillin G IVPB Loading and Maintenance Dose - Prophylaxis Regimen for GBS (Selection Required)

Loading Dose - penicillin G (POTASSIUM) IV

5 Million Units, intravenous, Administer over: 30 Minutes, Once, For 1 Doses, L&D Pre-Delivery , If GBS positive, Indication: Medical Prophylaxis

Followed by

Maintenance Dose - penicillin G (POTASSIUM) IV

2.5 Million Units, intravenous, Administer over: 30 Minutes, Q4H, Starting 4 Hours after signing, L&D Pre-Delivery , If GBS positive, Indication: Medical Prophylaxis

( ) ampicillin IVPB Loading and Maintenance Dose - Alternative Regimen for GBS (Selection Required)

Loading Dose - ampicillin IV

2 g, intravenous, Administer over: 30 Minutes, Once, For 1 Doses, L&D Pre-Delivery , If GBS positive, Indication: Medical Prophylaxis

Followed by

Maintenance Dose - ampicillin IV

1 g, intravenous, Administer over: 30 Minutes, Q4H, Starting 4 Hours after signing, L&D Pre-Delivery , If GBS positive, Indication: Medical Prophylaxis

[X] Prophylaxis Regimen for C-section (Selection Required)

[X] Patients LESS than or equal to 120 kg (Selection Required) Only Appears If: **SB WEIGHT </= 120 KG**

[X] ceFAZolin (ANCEF) IV - Give within 60 minutes prior to C-Section

2 g, intravenous, Once PRN, Prior to C-Section, Pre-op , Give within 60 minutes prior to C-Section, Indication: Surgical Prophylaxis

[X] azithromycin (ZITHROMAX) IV - Give within 60 minutes prior to C-Section

500 mg, intravenous, Administer over: 60 Minutes, Once PRN, Prior to C-Section, Pre-op , Give within 60 minutes prior to C-Section, Indication: Surgical Prophylaxis

[X] Patients GREATER than 120 kg (Selection Required) Only Appears If: **SB WEIGHT > 120 KG**

[X] ceFAZolin (ANCEF) IV - Give within 60 minutes prior to C-Section

3 g, intravenous, Once PRN, Prior to C-Section, Pre-op , Give within 60 minutes prior to C-Section, Indication: Surgical Prophylaxis

[X] azithromycin (ZITHROMAX) IV - Give within 60 minutes prior to C-Section

500 mg, intravenous, Administer over: 60 Minutes, Once PRN, Prior to C-Section, Pre-op , Give within 60 minutes prior to C-Section, Indication: Surgical Prophylaxis

( ) Yes (Selection Required)

[X] Penicillin Allergic and GBS + (Selection Required)

( ) ceFAZolin (ANCEF) IV Loading and Maintenance Doses - if GBS Positive (Selection Required)

Recommended for patients NOT high risk for anaphylaxis

Loading Dose - cefazolin (ANCEF) IV

2 g, intravenous, Once, For 1 Doses, L&D Pre-Delivery , If GBS positive, Indication: Medical Prophylaxis

Followed by

Maintenance Dose - cefazolin (ANCEF) IV

1 g, intravenous, Q8H, L&D Pre-Delivery , If GBS positive.

Through delivery then discontinue., Indication: Medical Prophylaxis

( ) clindamycin (CLEOCIN) IV Loading and Maintenance Doses - if GBS Positive (Selection Required)

Recommended ONLY for patients with high risk for penicillin anaphylaxis that are culture isolate sensitive to Clindamycin.

Loading Dose - clindamycin (CLEOCIN) IV

900 mg, intravenous, Administer over: 30 Minutes, Once, For 1 Doses, L&D Pre-Delivery , If GBS positive, Indication: Medical Prophylaxis

Followed by

Maintenance Dose - clindamycin (CLEOCIN) IV

900 mg, intravenous, Administer over: 30 Minutes, Q8H, L&D Pre-Delivery , If GBS positive.

Through delivery then discontinue., Indication: Medical Prophylaxis

( ) vancomycin (VANCOCIN) IVPB - if GBS Positive (Selection Required)

Adjust doses for renal function if CrCl LESS THAN 60 mL/min

[X] vancomycin (VANCOCIN) IV (Selection Required)

[X] vancomycin (VANCOCIN) IV

intravenous, Once, For 1 Doses , Loading Dose

[X] Pharmacy consult to manage vancomycin

Routine

[X] Prophylaxis Regimen for C-section (Selection Required)

azithromycin (ZITHROMAX)

500 mg, intravenous, Administer over: 60 Minutes, Once, For 1 Doses, Pre-op , Nurse to send medication(s) to operating room - To be administered by Anesthesiologist.To be given 1 hour prior to skin incision.

And

clindamycin (CLEOCIN) IV

900 mg, intravenous, Administer over: 30 Minutes, Once, For 1 Doses, Pre-op , Nurse to send medication(s) to operating room - To be administered by Anesthesiologist.To be given 1 hour prior to skin incision.

And

gentamicin (GARAMICIN) IVPB

5 mg/kg, intravenous, Administer over: 30 Minutes, Once, For 1 Doses, Pre-op , Nurse to send medication(s) to operating room - To be administered by Anesthesiologist.To be given 1 hour prior to skin incision.

Antihypertensives

Default Phase of Care: L&D Pre-Delivery

[ ] labetalol (NORMODYNE) tablet

200 mg, oral, Once, For 1 Doses, L&D Pre-Delivery , For hypertension, BP & HR HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

[ ] hydrALAZINE (APRESOLINE) tablet

5 mg, oral, Once, For 1 Doses , For hypertension.

PRN Severe Hypertension

[ ] NIFEdipine (PROCARDIA) capsule

10 mg, oral, Once PRN, high blood pressure, for severe BP elevations of 15 min or more. Recheck BP in 15 min., For 1 Doses, L&D Pre-Delivery, Contact Physician if: For Systolic BP GREATER than 160mmHG and Diastolic BP GREATER than 110mmHg

[ ] labetalol (NORMODYNE,TRANDATE) injection

20 mg, intravenous, Once PRN, high blood pressure, for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more., For 1 Doses, L&D Pre-Delivery , Give IV Push over 2 minutes. Repeat BP measurements in 10 minutes and record results., Contact Physician if: For Systolic BP GREATER than 160mmHG and Diastolic BP GREATER than 110mmHg

Non-Reassuring FHR with Tachysystole

[X] terbutaline (BRETHINE) injection

0.25 mg, subcutaneous, Once PRN, tachysystole with non-reassuring fetal heart rate, For 1 Doses, L&D Pre-Delivery

Cervical Ripening

( ) Vaginal - misoprostol (CYTOTEC) tablet for vaginal use

25 mcg, vaginal, Q4H, L&D Pre-Delivery , NIOSH recommends using single gloves when handling intact tabs or capsules.

( ) dinoprostone (CERVIDIL) vaginal insert

10 mg, vaginal, Administer over: 12 Hours, Once, For 1 Doses, L&D Pre-Delivery , Remove Dinoprostone (Cervidil) 12 hours after placement (or if non-reassuring FHR tracing, tachysystole, onset of active labor). After insertion of Dinoprostone (Cervidil), position patient supine with lateral tilt for 2 hours

Induction/Augmentation

( ) misoprostol (CYTOTEC) tablet for vaginal use

25 mcg, vaginal, Q4H, L&D Pre-Delivery , NIOSH recommends using single gloves when handling intact tabs or capsules.

( ) Oxytocin Induction (Selection Required)

( ) Low Dose

2-40 milli-units/min, intravenous, Titrated, Begin 30 minutes after the removal of dinoprostone (CERVIDIL) insert OR begin 4 hours after the last dose of misoprostol (CYTOTEC).

In the absence of FHR abnormalities, start at 2 mu/min and titrate dose by 2 mu/min every 15 minutes to a maximum of 40 milliunits/minute or until adequate uterine activity is achieved. Communicate with the provider prior to exceeding 30 milliunits/min before, , any further increase is undertaken.

Adequate uterine activity is defined as: uterine contractions that are 2-3 minutes apart, contraction duration of 40-90 seconds and moderate intensity by palpation or 50-60 mmHg above baseline with IUPC. Contractions are not to exceed 5 contractions in 10 minutes averaged over a 30-minute window, last 2 minutes or more, occur within 1 minute of each oth, e, r, or result in insufficient resting tone between contractions.

If Oxytocin has been discontinued for less than 30 minutes and subsequent FHR is reassuring, and uterine activity (UA) meets the guidelines for use of Oxytocin, restart Oxytocin infusion at one-half the rate of the previous dose.

If Oxytocin has been discontinued for greater than 30 minutes, restart at the initial dos, e, if FHR is reassuring and uterine activity meets the guidelines for use of Oxytocin.

( ) High Dose - 4

4-40 milli-units/min, intravenous, Titrated, Begin 30 minutes after the removal of dinoprostone (CERVIDIL) insert OR begin 4 hours after the last dose of misoprostol (CYTOTEC).

In the absence of FHR abnormalities, start at 4 mu/min and titrate dose by 4 mu/min every 15 minutes to a maximum of 40 milliunits/ minute or until adequate uterine activity is achieved. Communicate with the provider prior to exceeding 30 milliunits/min befor, e, any further increase is undertaken.

Adequate uterine activity is defined as: uterine contractions that are 2-3 minutes apart, contraction duration of 40-90 seconds and moderate intensity by palpation or 50-60 mmHg above baseline with IUPC. Contractions are not to exceed 5 contractions in 10 minutes averaged over a 30-minute window, last 2 minutes or more, occur within 1 minute of each ot, h, er, or result in insufficient resting tone between contractions.

If Oxytocin has been discontinued for less than 30 minutes and subsequent FHR is reassuring, and uterine activity meets guidelines for use of Oxytocin, restart Oxytocin infusion at one-half the rate of the previous dose.

If Oxytocin has been discontinued for greater than 30 minutes, restart the initial dose if FHR is, , reassuring and uterine activity meets the guidelines for use of Oxytocin.

( ) High Dose - 6

6-40 milli-units/min, intravenous, Titrated, Begin 30 minutes after the removal of dinoprostone (CERVIDIL) insert OR begin 4 hours after the last dose of misoprostol (CYTOTEC).

In the absence of FHR abnormalities, start at 6 mu/min and titrate dose by 6 mu/min every 15 minutes to a maximum of 40 milliunits/minute or until adequate uterine activity is achieved. Communicate with the provider prior to exceeding 30 milliunits/min before, , any further increase is undertaken.

Adequate uterine activity is defined as: uterine contractions that are 2-3 minutes apart, contraction duration of 40-90 seconds and moderate intensity by palpation or 50-60 mmHg above baseline with IUPC. Contractions are not to exceed 5 contractions in 10 minutes averaged over a 30-minute window, last 2 minutes or more, occur within 1 minute of each oth, e, r, or result in insufficient resting tone between contractions.

If Oxytocin has been discontinued for less than 30 minutes and subsequent FHR is reassuring, and uterine activity meets guidelines for use of Oxytocin, restart Oxytocin infusion at one-half the rate of the previous dose.

If Oxytocin has been discontinued for greater than 30 minutes, restart the initial dose, if FHR is, , reassuring and uterine activity meets the guidelines for use of Oxytocin.

PostPartum Oxytocin

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

oxytocin 30 unit/500 mL bolus from bag

10 Units, intravenous, Administer over: 30 Minutes, Once, For 1 Doses, L&D Pre-Delivery

Followed by

oxytocin (PITOCIN) infusion

5.7 Units/hr, intravenous, Continuous, Starting 30 Minutes after signing, L&D Pre-Delivery , Run at 95 mL/hr for 3.5 hours. Total 20 units over 3.5 hours. (Infuse at rate of 95 mL/hr over 3.5 hours)
Increase to 999 mL/hr for uterine tone and bleeding per physician instructions.

Bleeding Medications PostPartum

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

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

oxytocin (PITOCIN) infusion

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

And

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

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

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

oxytocin (PITOCIN) infusion

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

And

carboprost (HEMABATE) injection

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

And

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

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

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

oxytocin (PITOCIN) infusion

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

And

misoprostol (CYTOTEC) tablet

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

Fetal Demise

[ ] misoprostol (CYTOTEC) tablet

oral, L&D Pre-Delivery , NIOSH recommends using single gloves when handling intact tabs or capsules.

NALOXONE FOR LABOR ADMISSION OPIOID PAIN MEDICATIONS

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

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

Moderate Pain (Pain Score 4-6) Only Appears If: **SB IP ORDERSET NOT HMSJ HMTW**

( ) fentaNYL (SUBLIMAZE) injection

50 mcg, intravenous, Q2H PRN, moderate pain (score 4-6), L&D Pre-Delivery, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

( ) morPHINE injection

2 mg, intravenous, Once PRN, moderate pain (score 4-6), For 1 Doses, L&D Pre-Delivery, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

( ) nalbuphine (NUBAIN) injection

5 mg, intravenous, Q4H PRN, moderate pain (score 4-6), L&D Pre-Delivery, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

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

( ) fentaNYL (SUBLIMAZE) injection

50 mcg, intravenous, Q2H PRN, moderate pain (score 4-6), L&D Pre-Delivery, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

( ) morPHINE injection

2 mg, intravenous, Once PRN, moderate pain (score 4-6), For 1 Doses, L&D Pre-Delivery, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

( ) nalbuphine (NUBAIN) injection

5 mg, intravenous, Q4H PRN, moderate pain (score 4-6), L&D Pre-Delivery, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

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

( ) fentaNYL (SUBLIMAZE) injection

50 mcg, intravenous, Q2H PRN, moderate pain (score 4-6), L&D Pre-Delivery, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection), acute pain

( ) morPHINE injection

2 mg, intravenous, Once PRN, moderate pain (score 4-6), For 1 Doses, L&D Pre-Delivery, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

( ) nalbuphine (NUBAIN) injection

5 mg, intravenous, Q4H PRN, moderate pain (score 4-6), L&D Pre-Delivery, Allowance for Patient Preference: Nurse may administer for higher level of pain per patient request (selection)

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

( ) fentaNYL (SUBLIMAZE) injection

100 mcg, intravenous, Q2H PRN, severe pain (score 7-10), L&D Pre-Delivery , acute pain

( ) morPHINE injection

4 mg, intravenous, Once PRN, severe pain (score 7-10), For 1 Doses, L&D Pre-Delivery

( ) nalbuphine (NUBAIN) injection

10 mg, intravenous, Q4H PRN, severe pain (score 7-10), L&D Pre-Delivery

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

( ) fentaNYL (SUBLIMAZE) injection

100 mcg, intravenous, Q2H PRN, severe pain (score 7-10), L&D Pre-Delivery , acute pain

( ) morPHINE injection

4 mg, intravenous, Once PRN, severe pain (score 7-10), For 1 Doses, L&D Pre-Delivery

( ) nalbuphine (NUBAIN) injection

10 mg, intravenous, Q4H PRN, severe pain (score 7-10), L&D Pre-Delivery

Local Anesthetics - NOT HMTW Only Appears If: **SB IP ORDERSET NOT HMTW**

[X] lidocaine (XYLOCAINE) 10 mg/mL (1 %) injection

intradermal, PRN, As needed for perineal repair, L&D Pre-Delivery , Specify site: perineal

Local Anesthetics - HMTW Only Only Appears If: **SB IP ORDERSET HMTW ONLY**

[X] lidocaine PF (XYLOCAINE) 10 mg/mL (1 %) injection

intradermal, PRN, As needed for perineal repair, L&D Pre-Delivery , Specify Site: perineal

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

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

ondansetron ODT (ZOFRAN-ODT) disintegrating tablet

4 mg, oral, Q8H PRN, nausea, vomiting, L&D Pre-Delivery , Give if patient is able to tolerate oral medication.

Or

ondansetron (ZOFRAN) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, L&D Pre-Delivery , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

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

promethazine (PHENERGAN) 12.5 mg IV

12.5 mg, intravenous, Q6H PRN, nausea, vomiting, L&D Pre-Delivery , Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Or

promethazine (PHENERGAN) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, L&D Pre-Delivery , Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Or

promethazine (PHENERGAN) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, L&D Pre-Delivery , Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Or

promethazine (PHENERGAN) intraMUSCULAR injection

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

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

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

ondansetron ODT (ZOFRAN-ODT) disintegrating tablet

4 mg, oral, Q8H PRN, nausea, vomiting, L&D Pre-Delivery , Give if patient is able to tolerate oral medication.

Or

ondansetron (ZOFRAN) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, L&D Pre-Delivery , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

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

promethazine (PHENERGAN) injection

12.5 mg, intravenous, Q6H PRN, nausea, vomiting , Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Or

promethazine (PHENERGAN) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, L&D Pre-Delivery , Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

Or

promethazine (PHENERGAN) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, L&D Pre-Delivery , Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

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

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

ondansetron ODT (ZOFRAN-ODT) disintegrating tablet

4 mg, oral, Q8H PRN, nausea, vomiting, L&D Pre-Delivery , Give if patient is able to tolerate oral medication.

Or

ondansetron (ZOFRAN) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting, L&D Pre-Delivery , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

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

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

12.5 mg, intravenous, Administer over: 30 Minutes, Q6H PRN, nausea, vomiting, L&D Pre-Delivery , Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

Or

promethazine (PHENERGAN) tablet

12.5 mg, oral, Q6H PRN, nausea, vomiting, L&D Pre-Delivery , Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

Or

promethazine (PHENERGAN) suppository

12.5 mg, rectal, Q6H PRN, nausea, vomiting, L&D Pre-Delivery , Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

VTE

VTE Risk and Prophylaxis Tool (Selection Required) Only Appears If: **HM SB PROVIDERS**

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

( ) VERY LOW Risk of VTE

Very low risk of VTE

Routine, Once, L&D Pre-Delivery

And

Ambulate

Routine, TID , Early ambulation, L&D Pre-Delivery

And

Avoid dehydration

Routine, Until Discontinued, Starting Today, At: N , L&D Pre-Delivery

( ) LOW Risk of VTE

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

Anticipated or actual LOS admission GREATER than or EQUAL to 72 hours High risk thrombophilia with no prior VTE

Prior idiopathic, or estrogen related VTE
Low risk thrombophilia AND family hisotry of VTE OR single prior VTE
Receiving outpatient prophylactic LMWH or UFH

[X] Low risk of VTE

Routine, Once, Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory, L&D Pre-Delivery

[X] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous

Routine, Continuous , While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., L&D Pre-Delivery

( ) MODERATE Risk of VTE (Selection Required)

Anticipated or actual LOS admission GREATER than 72 hours; does not meet High risk criteria. CONSIDER prophylactic LMWH/UFH (consult Anesthesia for delivery considerations)
High Risk
High risk thrombophilia with no prior VTE
Prior idiopathic, or estrogen related VTE
Low risk thrombophilia AND family hisotry of VTE OR single prior VTE
Receiving outpatient prophylactic LMWH or UFH

[X] Moderate Risk (Selection Required)

[X] Moderate risk of VTE

Routine, Once, L&D Pre-Delivery

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

( ) Contraindications exist for mechanical prophylaxis

Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous

Routine, Continuous , SCD throughout hospitalization. Encourage early ambulation. Avoid dehydration., L&D Pre-Delivery

( ) HIGH Risk of VTE (Selection Required)

High risk thrombophilia with no prior VTE
Prior idiopathic or estrogen related VTE
Low risk thrombophilia AND (family history of VTE OR single prior VTE)
Receiving outpatient prophylactic LMWH or UFH

[X] High Risk (Selection Required)

[X] High risk of VTE

Routine, Once, L&D Pre-Delivery

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

( ) Contraindications exist for mechanical prophylaxis

Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous

Routine, Continuous , While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., L&D Pre-Delivery

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

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

[X] Moderate risk of VTE

Routine, Once, L&D Pre-Delivery

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Routine, Once, No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication., L&D Pre-Delivery

[ ] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous
Routine, Continuous , L&D Pre-Delivery

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

[X] Moderate risk of VTE
Routine, Once, L&D Pre-Delivery

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis
Routine, Once, L&D Pre-Delivery

[X] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis
Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous
Routine, Continuous , L&D Pre-Delivery

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

[X] High risk of VTE
Routine, Once, L&D Pre-Delivery

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis
Routine, Once, L&D Pre-Delivery

[X] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis
Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous
Routine, Continuous , L&D Pre-Delivery

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

[X] High risk of VTE
Routine, Once, L&D Pre-Delivery

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis
Routine, Once, L&D Pre-Delivery

[ ] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis
Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous
Routine, Continuous , L&D Pre-Delivery

VTE Risk and Prophylaxis Tool Only Appears If: **HM SB NURSING AND PHARMACY**

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

( ) VERY LOW Risk of VTE

Very low risk of VTE
Routine, Once, L&D Pre-Delivery

And

Ambulate
Routine, TID , Early ambulation, L&D Pre-Delivery

And

Avoid dehydration
Routine, Until Discontinued, Starting Today, At: N , L&D Pre-Delivery

( ) LOW Risk of VTE

Anticipated admission LESS than or EQUAL to 72 hours.

Does not meet moderate or high risk criteria:
Moderate Risk High Risk
Anticipated or actual LOS admission GREATER than or EQUAL to 72 hours High risk thrombophilia with no prior VTE

Prior idiopathic, or estrogen related VTE
Low risk thrombophilia AND family hisotry of VTE OR single prior VTE
Receiving outpatient prophylactic LMWH or UFH

[X] Low risk of VTE
Routine, Once, Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory, L&D Pre-Delivery

[X] Place sequential compression device (Selection Required)
( ) Contraindications exist for mechanical prophylaxis
Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous
Routine, Continuous , While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., L&D Pre-Delivery

( ) MODERATE Risk of VTE (Selection Required)
Anticipated or actual LOS admission GREATER than 72 hours; does not meet High risk criteria. CONSIDER prophylactic LMWH/UFH (consult Anesthesia for delivery considerations)
High Risk
High risk thrombophilia with no prior VTE
Prior idiopathic, or estrogen related VTE
Low risk thrombophilia AND family hisotry of VTE OR single prior VTE
Receiving outpatient prophylactic LMWH or UFH

[X] Moderate Risk (Selection Required)
[X] Moderate risk of VTE
Routine, Once, L&D Pre-Delivery

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**
( ) Contraindications exist for mechanical prophylaxis
Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous
Routine, Continuous , SCD throughout hospitalization. Encourage early ambulation. Avoid dehydration., L&D Pre-Delivery

( ) HIGH Risk of VTE (Selection Required)
High risk thrombophilia with no prior VTE
Prior idiopathic or estrogen related VTE
Low risk thrombophilia AND (family history of VTE OR single prior VTE)
Receiving outpatient prophylactic LMWH or UFH

[X] High Risk (Selection Required)
[X] High risk of VTE
Routine, Once, L&D Pre-Delivery

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**
( ) Contraindications exist for mechanical prophylaxis
Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous
Routine, Continuous , While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., L&D Pre-Delivery

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Selection Required)
( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**
[X] Moderate risk of VTE
Routine, Once, L&D Pre-Delivery

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis
Routine, Once, L&D Pre-Delivery

[ ] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis
Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous
Routine, Continuous , L&D Pre-Delivery

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

[X] Moderate risk of VTE
Routine, Once, L&D Pre-Delivery

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis
Routine, Once, L&D Pre-Delivery

[X] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis
Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous
Routine, Continuous , L&D Pre-Delivery

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

[X] High risk of VTE
Routine, Once, L&D Pre-Delivery

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis
Routine, Once, L&D Pre-Delivery

[X] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis
Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous
Routine, Continuous , L&D Pre-Delivery

( ) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

[X] High risk of VTE
Routine, Once, L&D Pre-Delivery

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis
Routine, Once, L&D Pre-Delivery

[ ] Place sequential compression device (Selection Required)

( ) Contraindications exist for mechanical prophylaxis
Routine, Once, L&D Pre-Delivery

(X) Place/Maintain sequential compression device continuous
Routine, Continuous , L&D Pre-Delivery

Labs

COVID-19 Qualitative PCR

[ ] COVID-19 qualitative RT-PCR - Nasal Swab
STAT, For 1 Occurrences, 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

Labs

[ ] Blood gas, arterial, cord
Once

[ ] Blood gas, venous, cord
Once

[ ] Rubella antibody, IgG
Once

[ ] Surgical pathology request
Collection Date: Today, Collection Time:

[ ] Urine drugs of abuse screen
Once

[ ] Bedside glucose
Routine, Once

[ ] OB Panel (Selection Required)

[ ] Bedside glucose
Routine, Q1H

[X] CBC with platelet and differential-STAT
STAT, For 1 Occurrences

[ ] CBC with platelet and differential- AM Draw repeats
AM Draw Repeats, For 3 Days

[ ] Basic metabolic panel
Once

[X] Hepatitis B surface antigen
Once

[ ] HIV 1/2 antigen/antibody, fourth generation, with reflexes
Once

[X] Syphilis treponema screen with RPR confirmation (reverse algorithm)
Once

[X] Type and screen, obstetrical patient
STAT, For 1 Occurrences

[X] Urinalysis screen and microscopy, with reflex to culture
Once, Specimen Source: Urine, Specimen must be received in the laboratory within 2 hours of collection.

[ ] Pre-Eclamptic Lab Panel (Selection Required)

[X] CBC with differential
STAT, For 1 Occurrences

[X] Comprehensive metabolic panel
STAT, For 1 Occurrences

[X] Prothrombin time with INR
STAT, For 1 Occurrences

[X] Partial thromboplastin time
STAT, For 1 Occurrences, Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to , waste prior to drawing a specimen.

[X] Fibrinogen
STAT, For 1 Occurrences

[X] Uric acid
STAT, For 1 Occurrences

[X] LDH
STAT, For 1 Occurrences

[ ] Urine Protein and Creatinine (Selection Required)

[X] Creatinine level, urine, random
Once, For 1 Occurrences

[X] Protein, urine, random
Once, For 1 Occurrences

[ ] Fetal Demise Panel (Selection Required)

[X] Antibody screen (gel)
Once

[X] Antithrombin III level
Once

[X] Cardiolipin antibodies
Once

[X] Factor V leiden by PCR
Once

[X] Fibrinogen
Once

[X] Hemoglobin A1c
Once

[X] Homocysteine, plasma
Once

[X] Kleihauer-Betke
Once

[X] Lupus anticoagulant panel
Once

[X] Parvovirus B19 antibody, IgG and IgM
Once , This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

[X] Prothrombin mutation, factor II, by PCR
Once

[X] Partial thromboplastin time
Once, Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to , waste prior to drawing a specimen.

[X] Prothrombin time with INR
Once

[X] TSH
Once

OB Screening Markers

[ ] POC Amnisure
Once , L&D Pre-Delivery

[ ] Amnisure
STAT, For 1 Occurrences, Amniotic fluid , L&D Pre-Delivery

[ ] POC AmnioTest
Once , Rule out ruptured membrane, L&D Pre-Delivery

[ ] Fern
STAT, For 1 Occurrences, Vaginal fluid , L&D Pre-Delivery

[ ] Fetal fibronectin
STAT, For 1 Occurrences , Deliver specimen immediately to the Core Laboratory., L&D Pre-Delivery

[ ] POC nitrazine
Once , L&D Pre-Delivery

Microbiology

[ ] Neisseria gonorrhoeae, NAA
Once , L&D Pre-Delivery

[ ] Chlamydia trachomatis, NAA
Once , L&D Pre-Delivery

24 Hour Urine

[ ] 24 Hour Urine (Selection Required)

[X] Creatinine clearance, urine, 24 hour

Once

[X] Protein, urine, 24 hour

Once

Magnesium and D-dimer

[ ] D-dimer

STAT, For 1 Occurrences

[ ] OB Magnesium Level

STAT, For 1 Occurrences

Cardiology

Imaging

Other Studies

Respiratory

Oxygen

[X] Oxygen therapy

Routine, PRN, Device: Non-rebreather mask, Titrate to keep O2 Sat Above: Other (Specify), Specify titration to keep O2 Sat (%) Above: 94, Indications for O2 therapy: Fetal indication, Continue O2 for 30 minutes per event., L&D Pre-Delivery

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults

[ ] Consult Anesthesiology

[ ] Consult Maternal and Fetal Medicine

Referral for 1 visits (expires: S+365)

[ ] Consult Neonatology

Referral for 1 visits (expires: S+365)

Ancillary Consults

[ ] Consult to PT eval and treat

[ ] Consult to Social Work

[ ] Consult to Spiritual Care

Additional Orders