

Location: _____

General

Code Status

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

Full code Frequency: Continuous **Frequency Limit:** -1 **Priority:** Routine

Question(s):

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

DNR (Do Not Resuscitate) (Required)

DNR (Do Not Resuscitate) Frequency: Continuous **Priority:** Routine

Question(s):

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?

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

Consult to Palliative Care Service

Consult to Palliative Care Service Frequency: Once **Priority:** Routine

Question(s):

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Process Instructions:

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 Frequency: Once **Priority:** Routine

Question(s):

Reason for Consult:

Reason for Consult?

Modified Code Frequency: Continuous **Priority:** Routine

Question(s):

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:

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) Frequency: Continuous -

Treatment Restrictions **Priority:** Routine

Question(s):

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:

Process Instructions:

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.

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

Isolation

- Airborne isolation status
 - Airborne isolation status Frequency: Continuous Priority: Routine
 - Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Frequency: Once Priority: Routine
- Contact isolation status Frequency: Continuous Priority: Routine
- Droplet isolation status Frequency: Continuous Priority: Routine
- Enteric isolation status Frequency: Continuous Priority: Routine

Precautions

- Aspiration precautions Frequency: Continuous Priority: Routine
- Fall precautions Frequency: Continuous Priority: Routine Comments: On Admission and every 8 hours

Question(s):

Increased observation level needed:

- Latex precautions Frequency: Continuous Priority: Routine
- Seizure precautions Frequency: Continuous Priority: Routine

Question(s):

Increased observation level needed:

Common Present on Admission Diagnosis

- Acidosis Frequency: Once Priority: Routine
- Acute Post-Hemorrhagic Anemia Frequency: Once Priority: Routine
- Acute Renal Failure Frequency: Once Priority: Routine
- Acute Respiratory Failure Frequency: Once Priority: Routine
- Acute Thromboembolism of Deep Veins of Lower Extremities Frequency: Once Priority: Routine
- Anemia Frequency: Once Priority: Routine
- Bacteremia Frequency: Once Priority: Routine
- Bipolar disorder, unspecified Frequency: Once Priority: Routine
- Cardiac Arrest Frequency: Once Priority: Routine
- Cardiac Dysrhythmia Frequency: Once Priority: Routine
- Cardiogenic Shock Frequency: Once Priority: Routine
- Decubitus Ulcer Frequency: Once Priority: Routine
- Dementia in Conditions Classified Elsewhere Frequency: Once Priority: Routine
- Disorder of Liver Frequency: Once Priority: Routine
- Electrolyte and Fluid Disorder Frequency: Once Priority: Routine
- Intestinal Infection due to Clostridium Difficile Frequency: Once Priority: Routine
- Methicillin Resistant Staphylococcus Aureus Infection Frequency: Once Priority: Routine
- Obstructive Chronic Bronchitis with Exacerbation Frequency: Once Priority: Routine
- Other Alteration of Consciousness Frequency: Once Priority: Routine
- Other and Unspecified Coagulation Defects Frequency: Once Priority: Routine
- Other Pulmonary Embolism and Infarction Frequency: Once Priority: Routine
- Phlebitis and Thrombophlebitis Frequency: Once Priority: Routine
- Protein-calorie Malnutrition Frequency: Once Priority: Routine
- Psychosis, unspecified psychosis type Frequency: Once Priority: Routine
- Schizophrenia Disorder Frequency: Once Priority: Routine
- Sepsis Frequency: Once Priority: Routine
- Septic Shock Frequency: Once Priority: Routine

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

- Septicemia Frequency:** Once **Priority:** Routine
- Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Frequency:** Once **Priority:** Routine
- Urinary Tract Infection, Site Not Specified Frequency:** Once **Priority:** Routine
- Present on Admission-History of preterm premature rupture of membranes Frequency:** Once **Priority:** Routine

Hypertensive Panel

OB Panel Orders

- Magnesium Sulfate OB Panel**

- Vital Signs**

- Vital signs - T/P/R/BP Frequency:** Every 15 min **Priority:** Routine **Comments:** Obtain BP, HR and RR every 15 minutes x 1 hour, then every 30 minutes x 1 hour, then hourly.

- Pulse oximetry continuously throughout the first 2 hours Frequency:** Every hour **Priority:** Routine **Comments:** 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%

Question(s):

Current FIO2 or Room Air:

- Nursing**

- Assess breath sounds Frequency:** Every 2 hours **Priority:** Routine **Comments:** Monitor maternal respiratory effort and breath sounds every 2 hours. Notify physician for shortness of breath or tightness in chest.

Question(s):

Assess: ○ breath sounds

- Assess for Magnesium Toxicity Frequency:** Every 15 min **Start Date:** S **Priority:** Routine **Comments:** 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 Frequency:** Daily **Priority:** Routine

- Toileting - Bedside commode Frequency:** Until discontinued **Priority:** Routine

Question(s):

Specify:

- Strict intake and output Frequency:** Every hour **Priority:** Routine

- Limit total IV fluid intake to 125 cc/hr Frequency:** Until discontinued **Priority:** Routine

- Insert and maintain Foley**

- Insert Foley catheter Frequency:** Once **Priority:** Routine

Question(s):

Type:

Size:

Urinometer needed:

Indication:

Primary Ordering Comments:

Foley catheter may be removed per nursing protocol.

- Foley Catheter Care Frequency:** Until discontinued **Priority:** Routine

Question(s):

Orders: Maintain

- Activity**

- Strict bed rest Frequency:** Until discontinued **Priority:** Routine

- Bed rest with bathroom privileges Frequency:** Until discontinued **Priority:** Routine

Question(s):

Bathroom Privileges: ○ with bathroom privileges

Bed rest with bathroom privileges for BM only Frequency: Until discontinued Priority: Routine Comments:

For bowel movement only

Question(s):

Bathroom Privileges: with bathroom privileges

Diet

NPO Frequency: Diet effective now Priority: Routine

Question(s):

NPO:

Pre-Operative fasting options:

Process Instructions:

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

NPO with ice chips Frequency: Diet effective now Priority: Routine Comments: 1/2 cup per hour

Question(s):

NPO: Except Ice chips

Pre-Operative fasting options:

Process Instructions:

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

Diet - Clear liquids Frequency: Diet effective now Priority: Routine

Question(s):

Diet(s): Clear Liquids

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Notify

Notify Physician for validated vitals: Frequency: Until discontinued Priority: Routine Comments: For validated vital signs and for urine output less than 30 milliliters per hour

Question(s):

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

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

Notify Physician for magnesium Frequency: Until discontinued Priority: Routine

Question(s):

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):

IV Fluids

lactated ringer's infusion Dose: 75 mL/hr Route: intravenous Frequency: 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 Frequency: Until discontinued
Priority: Routine

magnesium sulfate 6 gm IV Loading Dose + Maintenance infusion

Loading Dose - magnesium sulfate 6 grams IV bolus from bag Dose: 6 g Route: intravenous
Frequency: once Frequency Limit: 1 Occurrences Minimum Infusion Duration: 30.000 Minutes
Admin Instructions:

Loading Dose - Bolus from Bag

Maintenance Dose - magnesium sulfate CONTINUOUS infusion Dose: 4 Route: intravenous
Frequency: 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 Frequency: Until discontinued
Priority: Routine

magnesium sulfate 4 gm IV Loading Dose + Maintenance infusion

Loading Dose - magnesium sulfate 4 grams IV bolus from bag Dose: 4 g Route: intravenous
Frequency: once Frequency Limit: 1 Occurrences Minimum Infusion Duration: 30.000 Minutes
Admin Instructions:

Loading Dose - Bolus from Bag

Maintenance Dose - magnesium sulfate CONTINUOUS infusion Dose: 4 Route: intravenous
Frequency: continuous

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

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 Frequency: Until discontinued

Priority: Routine

Maintenance Dose - magnesium sulfate CONTINUOUS infusion Dose: 2 g/hr Route: intravenous
Frequency: continuous

 Corticosteroids

betamethasone acetate & sodium phosphate (CELESTONE) injection Dose: 12 mg Route: intramuscular
Frequency: once Frequency Limit: 1 Occurrences

betamethasone acetate & sodium phosphate (CELESTONE) injection Dose: 12 mg Route: intramuscular
Frequency: every 12 hours Frequency Limit: 2 Occurrences

betamethasone acetate & sodium phosphate (CELESTONE) injection Dose: 12 mg Route: intramuscular
Frequency: every 24 hours Frequency Limit: 2 Occurrences

 Rescue Agents

calcium gluconate injection Dose: 1 g Route: intravenous Frequency: once PRN PRN Comment: rescue agent
Admin Instructions:

Administer for respirations less than 12 breaths per minute and call MD.

Calcium GLUCONATE 1 gm = 4.65 MEQ

Product Admin Instructions:

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

 Chemistry

OB magnesium level Frequency: Once Start Date: S Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: After loading dose (MD to enter repeat order information)

OB magnesium level Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Comments: MD to enter repeat order information

Comprehensive metabolic panel Frequency: Once Start Date: S+1 Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Electrolyte panel Frequency: Conditional Frequency Frequency Limit: 1 Occurrences Priority: Routine
Specimen Type: Blood Maximum Quantity: 3 Comments: 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 Frequency: Until discontinued Priority: Routine

 Initial First-Line Management - Select one (Required) Initial First-Line Management with Labetalol Initial First-Line Management with Labetalol

labetalol (TRANDATE) injection Dose: 20 mg Route: intravenous Frequency: once PRN PRN
Comment: 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.

Question(s):

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**Admin Instructions:**

Dose #1 of Labetalol

Give IV Push over 2 minutes

Repeat BP measurements in 10 minutes and record results.

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

labetalol (TRANDATE) injection Dose: 40 mg Route: intravenous Frequency: once PRN
Frequency Limit: 1 Occurrences **PRN Comment:** 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)

Question(s):

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

Admin Instructions:

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 Dose: 80 mg Route: intravenous Frequency: once PRN **PRN Comment:** 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)

Question(s):

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

Admin Instructions:

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 Dose: 10 mg Route: intravenous Frequency: once PRN **PRN Comment:** 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)

Question(s):

BP HOLD parameters for this order: BP Hold Parameters requested

BP HOLD for: Systolic BP LESS than 100 mmHg

Contact Physician if:

Admin Instructions:

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 Dose: 5 mg Route: intravenous Frequency: once PRN **PRN Comment:** 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.

Question(s):

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

Contact Physician if:

Admin Instructions:

Give IV Push over 2 minutes

Repeat BP measurements in 20 minutes and record results.

hydrALAZINE (APRESOLINE) injection Dose: 10 mg Route: intravenous Frequency: once PRN **PRN Comment:** 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)

Question(s):

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

Contact Physician if:

Admin Instructions:

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.

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

labetalol (TRANDATE) injection Dose: 20 mg Route: intravenous Frequency: once PRN PRN
Comment: 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)

Question(s):

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

Admin Instructions:

Dose #1 of Labetalol
 Give IV Push over 2 minutes
 Repeat BP measurements in 10 minutes and record results.

labetalol (TRANDATE) injection Dose: 40 mg Route: intravenous Frequency: once PRN Frequency Limit: 1 Occurrences PRN **Comment:** 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)

Question(s):

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

Admin Instructions:

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 Dose: 10 mg Route: oral Frequency: once PRN Frequency Limit: 1 Occurrences PRN **Comment:** 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.

Question(s):

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:

Admin Instructions:

Dose #1 of Nifedipine
 Repeat BP measurements in 20 minutes and record results.

Product Admin Instructions:

SWALLOW WHOLE. DO NOT CRUSH, SPLIT OR CHEW.

NIFedipine (PROCARDIA) capsule Dose: 20 mg Route: oral Frequency: once PRN Frequency Limit: 1 Occurrences PRN **Comment:** 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)

Question(s):

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:

Admin Instructions:

Dose #2 of Nifedipine
 Repeat BP measurements in 20 minutes and record results.
 If BP is BELOW threshold, continue to monitor BP closely.

Product Admin Instructions:

SWALLOW WHOLE. DO NOT CRUSH, SPLIT OR CHEW.

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

labetalol (TRANDATE) injection Dose: 40 mg Route: intravenous Frequency: once PRN Frequency Limit: 1 Occurrences PRN Comment: 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)

Question(s):

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

Admin Instructions:

Give IV Push over 2 minutes

Repeat BP measurements in 10 minutes and record results.

 Pre-Eclamptic Lab Panel

CBC with differential Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Comprehensive metabolic panel Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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 Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Uric acid Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

LDH Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

 Urine Protein and Creatinine

Creatinine level, urine, random Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Urine

Protein, urine, random Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Urine

 Physician Consult

Consult Anesthesiology Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult Cardiology Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

Reason for Consult?

Provider Group:

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

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

Consult Neurology Frequency: Once Priority: Routine

Question(s):

Provider Group:
Reason for Consult?
Reason for Consult:
Patient/Clinical information communicated?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:
Reason for Consult?
Patient/Clinical information communicated?

Process Instructions:

The To Provider OR Provider Group field must be completed.

For all STROKE CODES: use the Team Activation order

Primary Ordering Comments:

Estimated Discharge Date: ***
Time in OBS:
Last known normal: ***
Focal Deficit: ***

Consult Internal Medicine Frequency: Once Priority: Routine

Question(s):

Provider Group:
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

Consult Maternal and Fetal Medicine Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

Provider Group:
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

Consult Neonatology Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

Provider Group:
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

Consult Obstetrics and Gynecology Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

Provider Group:
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

Nursing Activity

Strict bed rest Frequency: Until discontinued Phase of Care: L&D Pre-Delivery Priority: Routine Comments: Flat

Bed rest with bathroom privileges Frequency: Until discontinued Phase of Care: L&D Pre-Delivery Priority: Routine

Question(s):

Bathroom Privileges: with bathroom privileges

Ambulate with assistance Frequency: 3 times daily Phase of Care: L&D Pre-Delivery Priority: Routine

Question(s):

Specify: with assistance

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

Vital Signs

Vital signs - T/P/R/BP - Per unit protocol Frequency: Per unit protocol Phase of Care: L&D Pre-Delivery Priority: Routine
Comments: Per unit Guidelines of Care

Pulse oximetry Frequency: Continuous Phase of Care: L&D Pre-Delivery Priority: Routine

Question(s):

Current FIO2 or Room Air:

Pulse oximetry Frequency: Once Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine

Question(s):

Current FIO2 or Room Air:

Pain Assessment Frequency: Once Phase of Care: L&D Pre-Delivery Priority: Routine Comments: Per unit Guidelines of Care

Question(s):

Assess: Pain

Nursing Care

Apply external fetal monitor

Monitor fetal heart tones continuous Frequency: Continuous Priority: Routine

Question(s):

Type: Continuous

Doppler fetal heart tones Frequency: As directed Frequency Limit: -1 Priority: Routine Comments: For less than 23 weeks gestation doppler fetal heart tones

Question(s):

Type:

Fetal nonstress test Frequency: Once Priority: Routine

Tocometry Frequency: Until discontinued Priority: Routine

Question(s):

Type: Continuous

Sterile vaginal exam Frequency: Once Phase of Care: L&D Pre-Delivery Priority: Routine Comments: Perform sterile vaginal exam to monitor progression or if clinically indicated

No sterile vaginal exam Frequency: Until discontinued Phase of Care: L&D Pre-Delivery Priority: Routine

Sterile speculum exam Frequency: Once Phase of Care: L&D Pre-Delivery Priority: Routine

Encourage fluids Frequency: Until discontinued Phase of Care: L&D Pre-Delivery Priority: Routine

Discharge instructions for Nursing Frequency: Once Phase of Care: L&D Pre-Delivery Priority: Routine Comments: Send patient home with precautions

Notify

Notify Physician when initial assessment is complete OR within one hour. Frequency: Until discontinued Phase of Care: L&D Pre-Delivery Priority: Routine

Diet

NPO Frequency: Diet effective now Phase of Care: L&D Pre-Delivery Priority: Routine

Question(s):

NPO:

Pre-Operative fasting options:

Process Instructions:

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

Diet - Clear Liquid Frequency: Diet effective now Phase of Care: L&D Pre-Delivery Priority: Routine

Question(s):

Diet(s): Clear Liquids

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Diet - Regular Frequency: Diet effective now **Phase of Care:** L&D Pre-Delivery **Priority:** Routine

Question(s):Diet(s): Regular

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Diet - Frequency: Diet effective now **Phase of Care:** L&D Pre-Delivery **Priority:** Routine

Question(s):

Diet(s):

Cultural/Special:

Cultural/Special:

Other Options:

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 Dose: 125 mL/hr **Route:** intravenous **Frequency:** continuous

lactated Ringer's bolus from bag Dose: 500 mL **Route:** intravenous **Frequency:** PRN **Minimum Infusion Rate:** 999.000 mL/hr **PRN Comment:** 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 Dose: 1000 mL **Route:** intravenous **Frequency:** PRN **Phase of Care:** L&D Pre-Delivery **Minimum Infusion Duration:** 60.000 Minutes **PRN Comment:** Bolus as needed for Non-reassuring FHR with Tachysystole

Admin Instructions:

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

sodium chloride 0.9 % bolus Dose: 1000 mL **Route:** intravenous **Frequency:** PRN **Phase of Care:** L&D Pre-Delivery **Minimum Infusion Duration:** 60.000 Minutes **PRN Comment:** Bolus as needed for Non-reassuring FHR with Tachysystole

Admin Instructions:

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 Dose: 125 mL/hr **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** L&D Pre-Delivery

Admin Instructions:

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

sodium chloride 0.9 % infusion Dose: 125 mL/hr **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** L&D Pre-Delivery

Admin Instructions:

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

Peripheral IV Access

Initiate and maintain IV

Insert peripheral IV Frequency: Once **Priority:** Routine

sodium chloride 0.9 % flush Dose: 10 mL **Frequency:** every 12 hours scheduled **PRN Reasons:** line care

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

sodium chloride 0.9 % flush Dose: 10 mL Route: intravenous Frequency: PRN PRN Reasons: line care

Medications

Tocolytics

NIFEdipine (PROCARDIA) capsule Dose: 10 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery

Question(s):

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:

Product Admin Instructions:

SWALLOW WHOLE. DO NOT CRUSH, SPLIT OR CHEW.

terbutaline (BRETHINE) injection Dose: 0.25 mg Route: subcutaneous Frequency: every 20 min PRN Frequency Limit: 3 Occurrences Phase of Care: L&D Pre-Delivery PRN Comment: For Tocolysis

Admin Instructions:

May give up to 3 doses as needed.

HOLD for pulse GREATER than 120 BPM.

Mild Pain (Pain Score 1-3)

acetaminophen (TYLENOL) tablet Dose: 650 mg Route: oral Frequency: once PRN Phase of Care: L&D Pre-Delivery PRN Reasons: mild pain (score 1-3)

Question(s):

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

Product Admin Instructions:

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 (SUBLIMAZE) injection Dose: 50 mcg Route: intravenous Frequency: once PRN Phase of Care: L&D Pre-Delivery PRN Reasons: moderate pain (score 4-6)

Question(s):

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

nalbuphine (NUBAIN) injection Dose: 5 mg Route: intravenous Frequency: once PRN Phase of Care: L&D Pre-Delivery PRN Reasons: moderate pain (score 4-6)

Question(s):

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

morPHINE injection Dose: 2 mg Route: intravenous Frequency: once PRN Phase of Care: L&D Pre-Delivery PRN Reasons: moderate pain (score 4-6)

Question(s):

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 Dose: 100 mcg Route: intravenous Frequency: once PRN Phase of Care: L&D Pre-Delivery PRN Reasons: severe pain (score 7-10)

nalbuphine (NUBAIN) injection Dose: 10 mg Route: intravenous Frequency: once PRN Phase of Care: L&D Pre-Delivery PRN Reasons: severe pain (score 7-10)

morPHINE injection Dose: 4 mg Route: intravenous Frequency: once PRN Phase of Care: L&D Pre-Delivery PRN Reasons: severe pain (score 7-10)

Antihypertensives

labetalol (NORMODYNE) tablet Dose: 200 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery PRN Reasons: high blood pressure

Question(s):

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

Contact Physician if:

Admin Instructions:

For hypertension

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

hydrALAZINE (APRESOLINE) tablet Dose: 5 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences PRN

Reasons: high blood pressure

Question(s):

BP HOLD parameters for this order:

Contact Physician if:

Admin Instructions:

For hypertension.

PRN Severe Hypertension

NIFEdipine (PROCARDIA) capsule Dose: 10 mg Route: oral Frequency: once PRN Frequency Limit: 1 Occurrences

Phase of Care: L&D Pre-Delivery PRN Comment: for severe BP elevations of 15 min or more. Recheck BP in 15 min. PRN

Reasons: high blood pressure

Question(s):

Contact Physician if: o 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:

Product Admin Instructions:

SWALLOW WHOLE. DO NOT CRUSH, SPLIT OR CHEW.

labetalol (NORMODYNE,TRANDATE) injection Dose: 20 mg Route: intravenous Frequency: once PRN Frequency Limit:

1 Occurrences Phase of Care: L&D Pre-Delivery PRN Comment: for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more. PRN Reasons: high blood pressure

Question(s):

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

Admin Instructions:

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

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

ondansetron (ZOFTRAN) IV or Oral (Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet Dose: 4 mg Route: oral Frequency: every 8 hours PRN

PRN Reasons: nausea

vomiting

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

ondansetron (ZOFTRAN) 4 mg/2 mL injection Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN

Reasons: nausea

vomiting

Admin Instructions:

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Product Admin Instructions:

May cause QTc prolongation.

promethazine (PHENERGAN)

promethazine (PHENERGAN) 12.5 mg IV Dose: 12.5 mg Route: intravenous Frequency: every 6 hours PRN PRN

Reasons: nausea

vomiting

Admin Instructions:

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 Dose: 12.5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons:

nausea

vomiting

Admin Instructions:

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

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: every 6 hours PRN PRN

Reasons: nausea

vomiting

Admin Instructions:

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

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

promethazine (PHENERGAN) intraMUSCULAR injection Dose: 12.5 mg Route: intramuscular Frequency: every 6 hours PRN PRN Reasons: nausea vomiting

Admin Instructions:

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 Dose: 4 mg Route: oral Frequency: every 8 hours PRN PRN Reasons: nausea vomiting

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

ondansetron (ZOFTRAN) 4 mg/2 mL injection Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN Reasons: nausea vomiting

Admin Instructions:

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Product Admin Instructions:

May cause QTc prolongation.

promethazine (PHENERGAN) IV or Oral or Rectal

promethazine (PHENERGAN) injection Dose: 12.5 mg Route: intravenous Frequency: every 6 hours PRN PRN Reasons: nausea vomiting

Admin Instructions:

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 Dose: 12.5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: nausea vomiting

Admin Instructions:

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

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: every 6 hours PRN PRN

Reasons: nausea

vomiting

Admin Instructions:

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 Dose: 4 mg Route: oral Frequency: every 8 hours PRN PRN Reasons: nausea vomiting

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

ondansetron (ZOFTRAN) 4 mg/2 mL injection Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN Reasons: nausea vomiting

Admin Instructions:

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Product Admin Instructions:

May cause QTc prolongation.

promethazine (PHENERGAN) IVPB or Oral or Rectal

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

promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB Dose: 12.5 mg Route: intravenous
Frequency: every 6 hours PRN **Minimum Infusion Duration:** 30.000 Minutes **PRN Reasons:** nausea
vomiting

Admin Instructions:

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 Dose: 12.5 mg Route: oral **Frequency:** every 6 hours PRN **PRN Reasons:**
nausea
vomiting

Admin Instructions:

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

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal **Frequency:** every 6 hours PRN **PRN Reasons:** nausea
vomiting

Admin Instructions:

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

Labs **COVID-19 Qualitative PCR**

COVID-19 qualitative RT-PCR - Nasal Swab Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

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 Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

CBC only; Does not include a differential

Fibrinogen Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

Kleihauer-Betke Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine

Specimen Type: Blood

Prothrombin time with INR Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery

Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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 Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery

Priority: Routine Specimen Type: Blood

Chemistry

Basic metabolic panel Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

Comprehensive metabolic panel Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery

Priority: Routine Specimen Type: Blood Maximum Quantity: 3

D-dimer Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

Magnesium Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

Uric acid Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

OB Screening Markers

POC Amnisure Frequency: Once Phase of Care: L&D Pre-Delivery Priority: Routine Specimen Type: Vaginal fluid

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

- Amnisure** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine Specimen Type: Amniotic fluid
- POC AmnioTest** Frequency: Once Phase of Care: L&D Pre-Delivery Priority: Routine Specimen Type: Vaginal fluid
Comments: Rule out ruptured membrane
- Fern** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine Specimen Type: Vaginal fluid
- Fetal fibronectin** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: L&D Pre-Delivery Priority: Routine Maximum Quantity: 3
Primary Ordering Comments:
Deliver specimen immediately to the Core Laboratory.
- POC nitrazine** Frequency: Once Phase of Care: L&D Pre-Delivery Priority: Routine Specimen Type: Vaginal fluid

Hypertensive Lab Panel

- Pre-Eclamptic Lab Panel

CBC with differential Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Comprehensive metabolic panel Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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 Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Uric acid Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

LDH Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

- Urine Protein and Creatinine

Creatinine level, urine, random Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Urine

Protein, urine, random Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Urine

- Magnesium and D-dimer

D-dimer Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

OB Magnesium Level Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Urine Creatinine and Protein

- 24 Hour Urine

Creatinine clearance, urine, 24 hour Frequency: Once Priority: Routine Specimen Type: Urine

Protein, urine, 24 hour Frequency: Once Priority: Routine Specimen Type: Urine

Microbiology

- Sexually Transmitted Infections

Chlamydia trachomatis, NAA Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Question(s):

Specimen Source:

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

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

Neisseria gonorrhoeae, NAA Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

Specimen Source:

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 Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Urinalysis screen and microscopy, with reflex to culture Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Urine

Question(s):

Specimen Source: Urine

Specimen Site:

Primary Ordering Comments:

Specimen must be received in the laboratory within 2 hours of collection.

Wet prep Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine

Primary Ordering Comments:

Deliver specimen immediately to the Core Laboratory.

Cardiology**Imaging****Other Studies****Ultrasound**

US Fetal Biophysical Profile Frequency: 1 time imaging Phase of Care: L&D Pre-Delivery Priority: STAT

Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

US Pregnancy Transvaginal Frequency: 1 time imaging Phase of Care: L&D Pre-Delivery Priority: STAT

Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Process Instructions:

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 Frequency: 1 time imaging Phase of Care: L&D Pre-Delivery Priority: STAT

Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Process Instructions:

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 Frequency: 1 time imaging Phase of Care: L&D Pre-Delivery Priority: STAT

Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Process Instructions:

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 Frequency: 1 time imaging Phase of Care: L&D Pre-Delivery Priority: STAT

Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Process Instructions:

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 Frequency: Once Priority: Routine

Question(s):

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?

Process Instructions:

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 Frequency: Once Priority: Routine

Question(s):

Reason for Consult:

Reason for Consult?

Consult to Spiritual Care Frequency: Once Priority: Routine

Question(s):

Reason for consult?

Reason for Consult?

Process Instructions:

For requests after hours, call the house operator.

Additional Orders