

ECG Pre/Post Op Frequency: Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Maximum Quantity:** 6

Question(s):

Clinical Indications:

Interpreting Physician:

ECG 12 lead Frequency: Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine **Maximum Quantity:** 6

Question(s):

Clinical Indications:

Interpreting Physician:

XR Chest 1 Vw Portable Frequency: 1 time imaging **Phase of Care:** Pre-Admission Testing **Priority:** Routine

Question(s):

Is the patient pregnant?

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

XR Chest 2 Vw Frequency: 1 time imaging **Phase of Care:** Pre-Admission Testing **Priority:** Routine

Question(s):

Is the patient pregnant?

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

Pv carotid duplex Frequency: 1 time imaging **Priority:** Routine

Question(s):

Laterality:

Special protocol:

Us vein mapping lower extremity Frequency: 1 time imaging **Priority:** Routine

Question(s):

Laterality:

Preferred interpreting Cardiologist or group:

Methicillin-resistant staphylococcus aureus (MRSA), NAA Frequency: Once **Phase of Care:** Pre-Admission Testing

Priority: Routine **Specimen Type:** Nares

Us duplex venous lower extremity Frequency: 1 time imaging **Phase of Care:** Pre-Admission Testing **Priority:** Routine

Question(s):

Laterality:

Respiratory

Spirometry pre & post w/ bronchodilator, diffusion, lung volumes Frequency: Once **Priority:** Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry, diffusion, lung volumes Frequency: Once **Priority:** Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator Frequency: Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Body Plethysmographic lung volumes Frequency: Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry Frequency: Once **Phase of Care:** Pre-Admission Testing **Priority:** Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

OP Diffusion Capacity Combination Panel

Spirometry, diffusion Frequency: Once **Priority:** Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry, diffusion, lung volumes Frequency: Once **Priority:** Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry, diffusion, MIPS/MEPS Frequency: Once **Priority:** Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

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

Spirometry, diffusion, lung volumes, MIPS/MEPS Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion, lung volumes Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion, MIPS/MEPS Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion, lung volumes, MIPS/MEPS Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Laboratory: Preoperative Testing Labs

COVID-19 qualitative RT-PCR - Nasal Swab Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine

Question(s):

Specimen Source: Nasal Swab

Is this for pre-procedure or non-PUI assessment? Yes

Specimen Source:

CBC with platelet and differential Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine
Specimen Type: Blood Maximum Quantity: 3

Comprehensive metabolic panel Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine
Specimen Type: Blood Maximum Quantity: 3

Basic metabolic panel Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Prothrombin time with INR Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Partial thromboplastin time Frequency: Once Phase of Care: Pre-Admission Testing 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.

Hepatic function panel Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Platelet function analysis Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Primary Ordering Comments:

Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

Hemoglobin A1c Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Type and screen Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood

hCG qualitative, serum screen Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Question(s):

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

POC pregnancy, urine Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Urine

Question(s):

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

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

- Urinalysis, automated with microscopy** Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine
Specimen Type: Urine
Primary Ordering Comments:
Specimen must be received in the laboratory within 2 hours of collection.
- Laboratory: Additional Labs**
- Urinalysis screen and microscopy, with reflex to culture** Frequency: Once Phase of Care: Pre-Admission Testing
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.
- CBC hemogram** Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood
Maximum Quantity: 3
Primary Ordering Comments:
CBC only; Does not include a differential
- HIV 1/2 antigen/antibody, fourth generation, with reflexes** Frequency: Once Phase of Care: Pre-Admission Testing
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- Syphilis treponema screen with RPR confirmation (reverse algorithm)** Frequency: Once Phase of Care: Pre-Admission Testing
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- Acute viral hepatitis panel (HAV, HBV, HCV)** Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine
Specimen Type: Blood Maximum Quantity: 3
- Thromboelastograph - NOT HMW HMSL HMB HMWB** Frequency: Once Phase of Care: Pre-Admission Testing
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Question(s):
Anticoagulant Therapy:
Diagnosis:
Fax Number (For TEG Graph Result):
Primary Ordering Comments:
Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.
- Thromboelastograph - HMW HMSL HMB HMWB** Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine
Specimen Type: Blood Maximum Quantity: 3
Primary Ordering Comments:
Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.
- Vitamin D 25 hydroxy level** Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen
Type: Blood Maximum Quantity: 3
- Methicillin-resistant staphylococcus aureus (MRSA), NAA** Frequency: Once Phase of Care: Pre-Admission Testing
Priority: Routine Specimen Type: Nares
- T3** Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum
Quantity: 3
- T4** Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum
Quantity: 3
- Thyroid stimulating hormone** Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen
Type: Blood Maximum Quantity: 3
- Prostate specific antigen** Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type:
Blood Maximum Quantity: 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- Laboratory: OB Additional Labs HMB ONLY**

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

COVID-19 qualitative RT-PCR Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen

Type: Nasal swab

Question(s):

Specimen Source:

Is this for pre-procedure or non-PUI assessment?

CBC with platelet and differential Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

Hepatitis B surface antigen Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen

Type: Blood Maximum Quantity: 3

Syphilis treponema screen with RPR confirmation (reverse algorithm) Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Type and screen, obstetrical patient Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine

Specimen Type: Blood

Rubella Ab IgG Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

HIV 1/2 antigen/antibody, fourth generation, with reflexes Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Urinalysis screen and microscopy, with reflex to culture Frequency: Once Phase of Care: Pre-Admission Testing

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.

Urine drugs of abuse screen Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Urine

Basic metabolic panel Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Pre-Eclamptic Lab Panel

CBC with platelet and differential Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Comprehensive metabolic panel Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time, activated Frequency: Once Phase of Care: Pre-Admission Testing 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: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Uric acid level Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

LDH Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Urine Protein and Creatinine

Creatinine level, urine, random Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Urine

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

Protein, urine, random Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Urine

Laboratory: Additional for Bariatric patients

Lipid panel Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

hCG qualitative, serum screen Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Total iron binding capacity, percent transferrin saturation, and iron level Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

T4, free Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Thyroid stimulating hormone Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hemoglobin A1c Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Parathyroid hormone Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

CBC with platelet and differential Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time, activated Frequency: Once Phase of Care: Pre-Admission Testing 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.

Vitamin A level, plasma or serum Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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.

Vitamin B12 level Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Vitamin D 25 hydroxy level Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Copper level, serum Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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.

Folate level Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Vitamin B1 (thiamine) Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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.

Zinc level, serum Frequency: Once Phase of Care: Pre-Admission Testing Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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.

C-SECTION

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

DELIVERY, CESAREAN Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

- Requested time:
- Special needs:
- Add on case?
- Clinical trial?
- Case Classification:
- PAT Needs?
- Pre-op diagnosis:
- CPT Codes:
- ERAS?

C-SECTION + BILATERAL TUBAL LIGATION Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

- Requested time:
- Special needs:
- Add on case?
- Clinical trial?
- Case Classification:
- PAT Needs?
- Pre-op diagnosis:
- CPT Codes:
- ERAS?

Case request operating room Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

- Requested time:
- Special needs:
- Add on case?
- Clinical trial?
- Case Classification:
- PAT Needs?
- Pre-op diagnosis:
- CPT Codes:
- ERAS?

Inpatient only procedure (Required)

Admit to L&D Frequency: Once Phase of Care: Pre-op Priority: Routine

Question(s):

- Admitting Physician:
- Bed request comments:

Precautions

Aspiration precautions Frequency: Continuous Phase of Care: Pre-op Priority: Routine

Fall precautions Frequency: Continuous Phase of Care: Pre-op Priority: Routine

Question(s):

Increased observation level needed:

Latex precautions Frequency: Continuous Phase of Care: Pre-op Priority: Routine

Seizure precautions Frequency: Continuous Phase of Care: Pre-op Priority: Routine

Question(s):

Increased observation level needed:

Order Panels

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

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

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.

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

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

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.

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

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

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)

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

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.

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.

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

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.

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

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

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.

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

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

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:

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:

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

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**Vital signs**

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

Activity

Strict bed rest Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine

Bed rest with bathroom privileges Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine

Question(s):

Bathroom Privileges:

Ambulate with assistance Frequency: 3 times daily Phase of Care: Pre-op Priority: Routine

Question(s):Specify: with assistance

Activity as tolerated Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine

Question(s):Specify: Activity as tolerated**Nursing care**

Monitor fetal heart tones Frequency: Once Phase of Care: Pre-op Priority: Routine Comments: With non stress test. Obtain 30 min fetal heart tracing. If FHR is Category II or III, continue monitoring and notify physician.

Question(s):Type: Continuous

Tocometry Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine Comments: Monitor for contractions while monitoring fetal heart tones. If uterine contractions noted, continue to monitor FHT's and uterine contractions.

Question(s):Type: Continuous

Fetal nonstress test Frequency: Once Phase of Care: Pre-op 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

Place/Maintain sequential compression device continuous Frequency: Continuous Phase of Care: Pre-op Priority: Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

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

Diet

NPO Frequency: Diet effective now **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Clear Liquid intake is acceptable up to two hours before surgery

Question(s):

NPO: Except Sips with meds

Pre-Operative fasting options:

Process Instructions:

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

Consent

Complete consent for Primary Cesarean Section Frequency: Once **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Consent for Primary Cesarean Section

Question(s):

Procedure: Primary Cesarean Section

Diagnosis/Condition:

Physician:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Complete consent for Primary Cesarean Section with Bilateral Tubal Ligation Frequency: Once **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Consent for Primary Cesarean Section with Bilateral Tubal Ligation

Question(s):

Procedure: Primary Cesarean Section with Bilateral Tubal Ligation

Diagnosis/Condition:

Physician:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Complete consent for Primary Cesarean Section with Bilateral Salpingectomy Frequency: Once **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Consent for Primary Cesarean Section with Bilateral Salpingectomy

Question(s):

Procedure: Primary Cesarean Section with Bilateral Salpingectomy

Diagnosis/Condition:

Physician:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Complete consent for Repeat Cesarean Section Frequency: Once **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Consent for Repeat Cesarean Section

Question(s):

Procedure: Repeat Cesarean Section

Diagnosis/Condition:

Physician:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Complete consent for Repeat Cesarean Section with Bilateral Tubal Ligation Frequency: Once **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Consent for Repeat Cesarean Section with Bilateral Tubal Ligation

Question(s):

Procedure: Repeat Cesarean Section with Bilateral Tubal Ligation

Diagnosis/Condition:

Physician:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Complete consent for Repeat Cesarean Section with Bilateral Salpingectomy Frequency: Once **Phase of Care:** Pre-op **Priority:** Routine **Comments:** Consent for Repeat Cesarean Section with Bilateral Salpingectomy

Question(s):

Procedure: Repeat Cesarean Section with Bilateral Salpingectomy

Diagnosis/Condition:

Physician:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

IV Fluids**IV Fluids**

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

lactated ringers bolus Dose: 1000 mL Route: intravenous Frequency: once PRN Phase of Care: Pre-op Minimum Infusion Duration: 30.000 Minutes PRN Comment: if patient requests epidural - for epidural prehydration
Admin Instructions:
Notify Anesthesiologist immediately if patient requests Epidural and begin pre-epidural hydration.

lactated ringer's infusion Dose: 125 mL/hr Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op

Insert and Maintain IV

Insert peripheral IV Frequency: Once Priority: Routine

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

Local Anesthetic with Venipuncture

buffered lidocaine 1% injection Dose: 0.15 mL Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op
Admin Instructions:
Specify Site: ***

Local Anesthetic with Venipuncture

lidocaine PF 1% (XYLOCAINE) injection Dose: 0.15 mL Route: injection Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op
Admin Instructions:
Specify Site: ***

Medications

Surgical Prophylaxis – Cesarean Section

Pre-op Antibiotics

ceFAZolin (ANCEF) IV - Give within 60 minutes prior to C-Section Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Admin Instructions:

Give within 60 minutes prior to C-Section

azithromycin (ZITHROMAX) IV - Give within 60 minutes prior to C-Section Dose: 500 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Admin Instructions:

Give within 60 minutes prior to C-Section

Product Admin Instructions:

May cause QTc prolongation.

If Penicillin Allergic: clindamycin (CLEOCIN) IV and gentamicin (GARAMYCIN) IV +/- azithromycin

clindamycin (CLEOCIN) IV Dose: 900 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Admin Instructions:

Nurse to send medication(s) to operating room - To be administered by Anesthesiologist. To be given 1 hour prior to skin incision.

Gentamicin IV

Patient Weight	Gentamicin Dose
<60 kg	320 mg
60-80 kg	400 mg
>80 kg	480 mg

*Maximum pre-op dose 480 mg

Weight < 60 kg

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

gentamicin (GARAMYCIN) IVPB Dose: 320 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: Surgical Prophylaxis
Admin Instructions:
Administer within in 30 minutes of incision. On call to OR.

Weight 60 - 80 kg

gentamicin (GARAMYCIN) IVPB Dose: 400 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: Surgical Prophylaxis
Admin Instructions:
Administer within in 30 minutes of incision. On call to OR.

Weight > 80 kg

gentamicin (GARAMYCIN) IVPB Dose: 480 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Indication: Surgical Prophylaxis
Admin Instructions:
Administer within in 30 minutes of incision. On call to OR.

azithromycin (ZITHROMAX) IV Dose: 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Phase of Care: Pre-op **Priority:** STAT
Question(s):
Indication: Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Product Admin Instructions:
May cause QTc prolongation.

Surgical Prophylaxis – Cesarean Section

Pre-op Antibiotics

ceFAZolin (ANCEF) IV - Give within 60 minutes prior to C-Section Dose: 3 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op **Priority:** STAT
Question(s):
Indication: Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
Give within 60 minutes prior to C-Section

azithromycin (ZITHROMAX) IV - Give within 60 minutes prior to C-Section Dose: 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op **Priority:** STAT
Question(s):
Indication: Surgical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Give within 60 minutes prior to C-Section
Product Admin Instructions:
May cause QTc prolongation.

If Penicillin Allergic: clindamycin (CLEOCIN) IV and gentamicin (GARAMYCIN) IV +/- azithromycin

clindamycin (CLEOCIN) IV Dose: 900 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Phase of Care: Pre-op **Priority:** STAT
Question(s):
Indication: Surgical Prophylaxis
Admin Instructions:
Nurse to send medication(s) to operating room - To be administered by Anesthesiologist. To be given 1 hour prior to skin incision.

Gentamicin IV

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

Patient Weight	Gentamicin Dose
<60 kg	320 mg
60-80 kg	400 mg
>80 kg	480 mg

*Maximum pre-op dose 480 mg

Weight < 60 kg

gentamicin (GARAMYCIN) IVPB Dose: 320 mg **Route:** intravenous **Frequency:** once **Frequency Limit:**

1 Occurrences **Priority:** STAT

Question(s):

Indication: ○ Surgical Prophylaxis

Admin Instructions:

Administer within in 30 minutes of incision. On call to OR.

Weight 60 - 80 kg

gentamicin (GARAMYCIN) IVPB Dose: 400 mg **Route:** intravenous **Frequency:** once **Frequency Limit:**

1 Occurrences **Priority:** STAT

Question(s):

Indication: ○ Surgical Prophylaxis

Admin Instructions:

Administer within in 30 minutes of incision. On call to OR.

Weight > 80 kg

gentamicin (GARAMYCIN) IVPB Dose: 480 mg **Route:** intravenous **Frequency:** once **Frequency Limit:**

1 Occurrences **Priority:** STAT

Question(s):

Indication: ○ Surgical Prophylaxis

Admin Instructions:

Administer within in 30 minutes of incision. On call to OR.

azithromycin (ZITHROMAX) IV Dose: 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences

Phase of Care: Pre-op **Priority:** STAT

Question(s):

Indication: ○ Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Product Admin Instructions:

May cause QTc prolongation.

Pre-Anesthesia Medications

famotidine (PEPCID) injection Dose: 20 mg **Route:** intravenous **Frequency:** once PRN **Phase of Care:** Pre-op PRN

Comment: Decrease gastric acidity

Question(s):

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication(s) for H2 Receptor Antagonist (H2RA) Therapy:

sodium citrate-citric acid (BICITRA) solution Dose: 30 mL **Route:** oral **Frequency:** once PRN **Phase of Care:** Pre-op

PRN Comment: Decrease gastric acidity

metoclopramide (REGLAN) injection Dose: 10 mg **Route:** intravenous **Frequency:** once PRN **Phase of Care:** Pre-op

PRN Comment: Decrease gastric acidity

Question(s):

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

VTE

Labs

COVID-19 Qualitative PCR

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

- COVID-19 qualitative RT-PCR - Nasal Swab** Frequency: STAT Frequency Limit: 1 Occurrences Phase of Care: Pre-op
Priority: Routine
Question(s):
Specimen Source: Nasal Swab
Is this for pre-procedure or non-PUI assessment? Yes
Specimen Source:

Labs

- Bedside glucose** Frequency: Once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Comments: Obtain bedside glucose on patients with a diagnosis of Diabetes. Notify provider with results less than 70 mg/dL or greater than 120 mg/dL.range.
- OB Panel**
- CBC with differential** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Basic metabolic panel** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Hepatitis B surface antigen** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - HIV 1/2 antigen/antibody, fourth generation, with reflexes** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
 - Syphilis treponema screen with RPR confirmation (reverse algorithm)** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
 - Type and screen, obstetrical patient** Frequency: Once Priority: Routine Specimen Type: Blood
 - Urinalysis screen and microscopy, with reflex to culture** Frequency: Once 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.
- No prenatal records**
- Rubella antibody, IgG** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Urine drugs of abuse screen** Frequency: Once Priority: Routine Specimen Type: Urine
- 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

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults

- Consult Anesthesiology** 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 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 Priority: Routine

Question(s):

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

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

- 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

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