

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

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Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**OB Antepartum Admission**

**Version 6 9/4/2019**

**Patient Placement**

***Patient Status***

- Admit to inpatient
- Observation service

***Preferred Location/Unit***

- Obstetrics

**Activity**

- Up ad lib
- Bed rest with bathroom privileges
- Bed rest
- May shower once a day

**Nursing Orders**

- Vital signs per unit standard
- Vital signs non unit standard \_\_\_\_\_
- Intake and output per unit standard
- Intake and output STRICT
- Foley Catheter
- Total Fluid Restriction (PO + IV) Adult - 3000 mL/24 hours; including IV and PO intake
- IF non-reassuring fetal heart tones: O2 via Non-Rebreather at 10 Lpm
- Apply Sequential Compression Device
- Apply Knee High Anti-embolic Stockings
- Apply Thigh High Anti-embolic Stockings
- Initiate Carrier Fluid Protocol IF NO Maintenance IV currently running

Perform Electronic Fetal Monitoring

- Continuous
- For \_\_\_ hour \_\_\_x per day

Uterine Activity Monitoring

- Continuous
- For \_\_\_ hour \_\_\_x per day

Perform digital cervical exam

- as needed to evaluate labor

Fetal non stress test

- once a day
- 2 times a day

Notify provider

- IF Temperature greater than 100.5 degrees Fahrenheit
- IF Pulse greater than 120 OR less than 60
- IF Respiratory Rate greater than 30 OR less than 8

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- IF Blood Pressure greater than or equal to 140/90 mmHg OR less than or equal to 90/60 mmHg x 2 consecutive

**Diet**

Tray Fluid Restriction and Low Residue (Fiber Restrict) are diet modifiers found within the diet order.

- Regular Diet
- Controlled Carbohydrate Diet
- Full Liquid Diet
- Clear Liquid Diet
- NPO (diet) NPO Modifications: [ ] Except Meds [ ] Strict [ ] With Ice Chips [ ] With Sips
- Other: \_\_\_\_\_

**IV/ Line Insert and/or Maintain**

- Peripheral IV insert/maintain
- Saline lock with saline flush every BID

**IV Fluids**

- Lactated Ringers IV
  - 25 milliliter/hour intravenously
- Dextrose 5% and Lactated Ringers IV
  - \_\_\_\_\_ milliliter/hour intravenously
- Other \_\_\_\_\_

**Medications**

- acetaminophen (TYLENOL)
  - 650 milligram orally every 4 hours as needed for mild-to-moderate pain
- hydroXYzine (VISTARIL/ ATATRAX)
  - 100 milligram orally once a day, at bedtime as needed for insomnia
- famotidine (PEPCID)
  - 20 milligram orally 2 times a day

**Laboratory**

**Admission labs or labs to be obtained now:**

- CBC/AUTO DIFF
- BASIC METABOLIC PANEL
- MATERNAL URINE DRUG SCREEN
- CULTURE, GROUP B STREP SCREEN
- CLOT TO HOLD
- HEPATITIS B SURFACE ANTIGEN
- HEPATITIS C SURFACE ANTIBODY
- SYPHILIS ANTIBODIES

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**If no prenatal care, care by lay-midwives, or care outside of Great Falls SELECT:**

- OB SCREEN
- HEPATITIS C ANTIBODY
- HIV 1 & 2 AB & AG EVALUATION
- URINE DRUG SCREEN W/CONFIRMATION

**Radiology**

- US OB/Fetal (Generic)  
Reason for exam: \_\_\_\_\_  
Specific Procedure Requested: \_\_\_\_\_
- US OB Includ Fetal Anatomy Reason for exam: \_\_\_\_\_
- US OB Limited Reason for exam: \_\_\_\_\_

**Consult Department**

- Consult Care Coordination Reason for consult: \_\_\_\_\_

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## OB VTE Prophylaxis

### OB VTE Risk Factors (recommend pharmacological prophylaxis with 2 or more):

- Any Thrombophilia not already on prophylaxis
- Age >40
- BMI >30
- Pregnancy complications (Multiples, HTN, IUGR)
- Strict bed rest
- Peripartum Hemorrhage
- Hysterectomy
- General anesthesia
- Severe postpartum infection

### Antepartum Hospitalized

**Patients:** ● Add prophylactic anticoagulation if:

BMI >40 OR Personal hx VTE not already on prophylaxis OR 2 or more risk factors  
Consider if anticipated inpatient stay >72 hours

### Postpartum Hospitalized Patients:

#### Postpartum Dosing Schedule:

- Prophylactic: 6 hours after vaginal delivery; 12 hours after cesarean  
Must be 2 hours or more after epidural removal
- Therapeutic: 12 hours after vaginal or cesarean  
Must be 12 hours or more after epidural removal

### Cesarean:

- Add prophylactic anticoagulation if:  
BMI >40 OR Personal Hx VTE not already on prophylaxis OR Family Hx VTE plus any thrombophilia OR 2 or more risk factors

### Vaginal:

- Add prophylactic anticoagulation if:  
Personal Hx VTE not already on prophylaxis OR Family Hx VTE plus any thrombophilia OR 2 or more risk factors

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**PROVIDER ORDERS**

**Prophylactic Anticoagulation Regimens:**

**Enoxaparin:**

**For patients less than 50 kilograms:**

- Enoxaparin Sodium (Lovenox) 20 mg subcutaneously 1 time per day

**For patients 50 - 90 kilograms:**

- Enoxaparin Sodium (Lovenox) 40 mg subcutaneously 1 time per day

**For patients 91 - 130 kilograms:**

- Enoxaparin Sodium (Lovenox) 30 mg subcutaneously every 12 hours

**For patients 131 - 170 kilograms:**

- Enoxaparin Sodium (Lovenox) 40 mg subcutaneously every 12 hours

**For patients greater than 170 kilograms 0.6mg/kg/day in 2 divided doses:**

- Enoxaparin Sodium (Lovenox) 0.3 mg/kg subcutaneously 2 times per day

**Heparin:**

**1st Trimester 5,000 - 7,500 units every 12 hours:**

- Heparin Sodium, Porcine (Heparin) 5,000 units subcutaneously every 12 hours
- Heparin Sodium, Porcine (Heparin) 7500 Unit(s) subcutaneously every 12 hours

**2nd Trimester 7,500 - 10,000 units every 12 hours:**

- Heparin Sodium, Porcine (Heparin) 7500 Unit(s) subcutaneously every 12 hours
- Heparin Sodium, Porcine (Heparin) 10,000 units subcutaneously every 12 hours

**3rd Trimester 10,000 units every 12 hours:**

- Heparin Sodium, Porcine (Heparin) 10,000 units subcutaneously every 12 hours

**Mechanical**

- Sequential Compression Device Location Right Left Bilateral

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_