

(place patient label here)

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

**Order Set Directions:**

- > (✓)- Check orders to activate; Orders with pre-checked box ☒ will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page



**PROVIDER ORDERS**

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

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

**OB External Version**

**Version 1 7/8/2014**

**General**

- ☒ Order for procedure
- Specific Procedure: External Version
- Date of Procedure: \_\_\_\_\_
- Time of Procedure: \_\_\_\_\_
- \*\*\*Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology\*\*\*

**Patient Placement**

Patient Status

- ☒ Outpatient

Preferred Location/Unit

- ☒ Obstetrics

**Activity**

- ☒ Bed rest with bathroom privileges

**Nursing Orders**

- ☒ Vital signs per unit standard
- ☒ Non Stress test on arrival and following procedure
- ☒ Perform electronic fetal monitoring
- ☒ Bedside Ultrasound for fetal positioning
- ☒ Discharge after one hour post procedure if contractions are more than 10 minutes apart and reassuring fetal heart rate present

**Diet**

- ☒ NPO
- ☐ Other \_\_\_\_\_

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

- ☒ Saline lock with saline flush every BID- Discontinue at discharge

**Medications**

terbutaline (BRETHINE)

- ☐ 0.25 milligram subcutaneously once 5-10 minutes prior to procedure

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