

(place patient label here)

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



**PROVIDER ORDERS**

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

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

**OB Induction Admission**

**Version 13 9/4/19**

**Patient Placement**

**Patient Status**

- Admit to inpatient (InPt Only Procedure)
- Attending Provider: \_\_\_\_\_

**Preferred Location/Unit**

- Obstetrics

**Activity**

- Unless otherwise ordered by a provider, patient activity standard of care is as follows: Pre-op or prior to delivery- Up ad lib; Neuraxial analgesia in place-Bed rest; Post op or post partum- assist to bathroom first time up, up ad lib and encourage ambulation when stable
  - Activity per unit standard
  - Bed rest with bathroom privileges
  - Other \_\_\_\_\_

**Nursing Orders**

- Vital signs per unit standard
- Intake and output per unit standard
- Intake and output STRICT
- 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
  - IF Blood Pressure greater than or equal to 140/90 mmHg OR less than or equal to 90/60 mmHg
- Urinary straight catheterization as needed for inability to void or bladder distension
- Perform digital cervical exam
- Perform Fetal Heart Monitoring per unit standard
- If membranes not intact, place scalp electrode unless mother is Hep B or HIV positive
- Once in active labor may have neuraxial analgesia
- Follow oxytocin policy
- IF non-reassuring fetal heart tones: O2 via Non-Rebreather at 10 Lpm
- Intrauterine pressure catheter management
- Initiate Carrier Fluid Protocol IF NO Maintenance IV currently running
- Other \_\_\_\_\_

**Diet**

- NPO (diet) NPO Modifications: [ ] Except Meds [ ] Strict [ ] With Ice Chips [ ] With Sips
- Diet, clear liquid
- Other \_\_\_\_\_

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

- Peripheral IV insert/maintain

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**IV Fluids**

Lactated Ringers IV

- 500 milliliter bolus intravenously as needed intrauterine resuscitation

Lactated Ringers IV

- 1,000 milliliter bolus intravenous infusion

Lactated Ringers IV

- 125 milliliter/hour intravenously

Dextrose 5% and Lactated Ringers IV

- 125 milliliter/hour intravenously

Other \_\_\_\_\_

**Medications**

***Analgesics: Opioids***

fentaNYL

- 50 microgram intravenously every hour as needed for pain
- 100 microgram intravenously every 2 hours as needed for pain

morphine

- 2 milligram intravenously every 4 hours as needed for pain

nalbuphine 10 mg/mL injection (NUBAIN)

- 5-10 milligram intravenously every hour as needed for pain

***Antiemetics***

ondansetron (ZOFTRAN)

- 4 mg intravenously every 6 hours as needed for nausea

metoclopramide (REGLAN)

- 10 milligram intravenously once as needed for nausea/vomiting

***Parturifacient Agents: Oxytocics***

oxytocin in lactated ringers 20 unit/1,000 mL IV (PITOCIN)

- 2 milliunits/minute intravenously Increase at 30 minute intervals to obtain every 2-3 minute contractions by using the following doses: 2, 4, 8, 12, 16, 20, 24, 28, 30 milliunits/minute (MAX \_\_\_\_\_ milliunits/minute)
- 2 milliunits/minute intravenously Increase at 30 minute intervals to obtain every 2-3 minute contractions by using the following doses: 2, 6,10,14,18, 22, 26, 30 milliunits/minutes (MAX \_\_\_\_\_ milliunits/minute)
- 2 milliunits/minute intravenously Increase at 30 minute intervals to obtain every 2-3 minute contractions by using the following doses: 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30 milliunits/minute (MAX \_\_\_\_\_ milliunits/minute)

***Parturifacient Agents: Oxytocics (4thStage)***

oxytocin (PITOCIN); 20 units in 1000 milliliters of Lactated Ringers

- BOLUS x 1 liter, 4th Stage: begin immediately following delivery then discontinue after infused

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**Parturifacient Agents: Prostaglandins**

dinoprostone SR 10 mg vaginal insert (CERVIDIL)

- 1 suppository intravaginally once ; remove at the onset of active labor or 12 hours after insertion

misoprostol (CYTOTEC)

- 25 microgram intravaginally every 4 hours as needed for cervical ripening

**LARCs**

levonorgestrel uterine insert (MIRENA)

- 1 each intrauterine now

copper uterine insert (PARAGARD T 380-A)

- 1 each intrauterine now

**Miscellaneous**

- Other: \_\_\_\_\_

**Group B Strep Prophylaxis**

**NO Penicillin Allergy:**

penicillin G aqueous

- 5 million units intravenously once now
- 2.5 million units intravenously every 4 hours until delivery

● **\*\*OR\*\***

ampicillin (OMNIPEN)

- 2 gram intravenously once now
- 1 gram intravenously every 4 hours until delivery

**Penicillin Allergy:**

**No Cephalosporin Allergy and No Anaphylaxis to Penicillin**

ceFAZolin (ANCEF)

- 2 gram intravenously once now
- 1 gram intravenously every 8 hours until delivery

**Cephalosporin Allergy OR Anaphylaxis to Penicillin**

erythromycin (ERYTHROCIN)

- 500 milligram intravenously every 6 hours first dose now and continue until delivery

● **\*\*OR\*\***

clindamycin (CLEOCIN)

- 900 milligram intravenously every 8 hours first dose now and continue until delivery

**Known Clindamycin or Erythromycin Allergy or Resistance:**

vancomycin (VANCOCIN)

- 1 gram intravenously every 12 hours until delivery

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**PROVIDER ORDERS**

**Laboratory**

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

- CBC/AUTO DIFF
- CULTURE, GROUP B STREP SCREEN (if culture has not been obtained within preceding 5 weeks)
- CLOT TO HOLD
- HEPATITIS B SURFACE ANTIGEN
- HEPATITIS C SURFACE ANTIBODY
- SYPHILIS ANTIBODIES

**IF VBAC SELECT:**

- TYPE AND SCREEN

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

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

**Consults**

- Consult Perinatal Counselor

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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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**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: \_\_\_\_\_