

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

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

Diagnosis: _____

Allergies with reaction type: _____

OB Intrauterine Fetal Demise

Version 3 12/5/19

Laboratory

- CBC/AUTO DIFF
- KLEIHAUER BETKE STAIN
- SYPHILIS ANTIBODIES
- PT (PROTIME AND INR)
- PTT
- COMPREHENSIVE METABOLIC PANEL
- TSH (THYROID STIM HORMONE)
- FREE T4 (THYROXINE)
- MATERNAL URINE DRUG SCREEN
- HYPER COAGULATION PANEL [SO]
Includes:
Protein C Antigen
Protein S Antigen Total and Free
Antithrombin III Activity
APC Resistance
Lupus Anticoagulant (which can include-Lupus Antigoag Protime and INR, Activated PTT, DRVVT Screen Ratio and Interpretation)
Anticardiolipin Antibodies- IgG and IgM
- ANA SCREEN [SO]
- PROTEIN S, ACTIVITY [SO]
- PROTEIN C, ACTIV [SO]
- FACTOR V LEIDEN [SO]
- TORCH PROFILE, IGG [SO]
- HERPES SIMPLEX PCR, BLOOD
- CYTOMEGALOVIRUS (CVM), IGM [SO]
- TOXOPLASMA GONDII, IGM [SO]
- ANTICARDIOLIPIN ANTIBODIES [SO]
- PARVOVIRUS B19, IGG & IGM [SO]

Provider Signature: _____ Date: _____ Time: _____