

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

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Diagnosis: _____

Allergies with reaction type: _____

OB Labor Admission (Non-induction)

Version 12 9/4/19

Patient Placement

Patient Status

- Admit to inpatient (Inpatient 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

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
- Straight Catheter 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
- IF non-reassuring fetal heart tones: O2 via Non-Rebreather at 10 Lpm
- Once in active labor may have neuraxial analgesia
- Intrauterine pressure catheter management
- Other _____

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

- 500 milliliter bolus intravenously as needed intrauterine resuscitation

Lactated Ringers IV

- 125 milliliter/hour intravenously

Dextrose 5% and Lactated Ringers IV

- 125 milliliter/hour intravenously

- Other _____

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Medications

Parturifacient Agents: Oxytocics (4th Stage)

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

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

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 (ZOFRAN)

- 4 mg intravenously every 6 hours as needed for nausea

metoclopramide (REGLAN)

- 10 milligram intravenously once as needed for nausea/vomiting

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

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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

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: _____