Patient Name: _____

BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

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 Non Stress Test   Version 2   7/8/2014

Patient Placement
Patient Status
- ☑ Outpatient

Preferred Location/Unit
- ☑ Obstetrics

Nursing Orders
- ☑ Patient Positioning Turning Place patient in left lateral position, right hip elevated 10 centimeters (30 degree Semi-Fowler if difficult to monitor)
- ☑ Perform electronic fetal monitoring - apply monitor externally and record for 20 minutes, if non-reactive, acoustic stimulation and record 20 more minutes; notify physician of test completion

Notify provider
- ☑ When Non Stress Test is complete

Provider Signature:_____Date:_____Time:_____