

(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 Outpatient Evaluation**

**Version 1 7/8/2014**

**Patient Placement**

Patient Status

- Outpatient

Preferred Location/Unit

- Obstetrics

**Nursing Orders**

- Vital signs per unit standard
- Assess labor progression
- Perform electronic fetal monitoring - for minimum of 20 minutes
- Perform digital cervical exam (sterile)
- IF non-reassuring fetal heart tones: O2 via Non-Rebreather at 10 Lpm

Notify provider

- IF urine protein greater than or equal to 2+

**Diet**

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

**Laboratory**

Admission labs or labs to be obtained now:

- CBC/AUTO DIFF
  - Culture, group B streptococcus IF culture has not been obtained within the preceding 5 weeks
  - FETAL FIBRONECTIN
- Toxicology drug screen, urine
- routine Send for confirmation if positive
  - UA WITH MICROSCOPY

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