

(place patient label here)

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



PROVIDER ORDERS

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

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

**OB Preeclampsia/Gestational Hypertension Admission**

**Version 5 9/4/19**

**Patient Placement**

**Patient Status**

- Admit to inpatient
- Observation service

**Preferred Location/Unit**

- Obstetrics

**Activity**

- Up ad lib
- Bed rest with bathroom privileges
- Bed rest
- May shower once a day

**Nursing Orders**

- Vital signs per unit standard
- Vital signs non unit standard \_\_\_\_\_
- Assess neurologic status every \_\_\_\_\_ hour
- Seizure precautions

Notify provider

- IF Systolic Blood Pressure > \_\_\_\_\_
- IF Diastolic Blood Pressure > \_\_\_\_\_
- Intake and output per unit standard
- Intake and output STRICT
- Foley Catheter
- Total Fluid Restriction (PO + IV) Adult - 3000 mL/24 hours; including IV and PO intake
- IF non-reassuring fetal heart tones: O2 via Non-Rebreather at 10 Lpm
- Apply Sequential compression device
- Apply knee high anti-embolic stockings
- Apply thigh high anti-embolic stockings
- Initiate Carrier Fluid Protocol IF NO Maintenance IV currently running

Perform Electronic Fetal Monitoring

- Continuous
- For \_\_\_ hour \_\_\_x per day

Uterine Activity Monitoring

- Continuous
- For \_\_\_ hour \_\_\_x per day

Perform digital cervical exam

- as needed to evaluate labor

Fetal nonstress test

- once a day
- 2 times a day
- Other: \_\_\_\_\_

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**Diet**

Tray Fluid Restriction and Low Residue (Fiber Restrict) are diet modifiers found within the diet order.

- Regular Diet
- Controlled Carbohydrate Diet
- Full Liquid Diet
- Clear Liquid 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
  - 25 milliliter/hour intravenously
- Dextrose 5% and Lactated Ringers IV
  - \_\_\_\_\_ milliliter/hour intravenously
- Other \_\_\_\_\_

**Medications**

- For Magnesium Sulfate Infusion Orders please select the Magnesium Sulfate Order Set

**Antihypertensives**

**Antihypertensives: Beta-Blockers**

- labetalol
  - 20 milligram intravenously once

**Antihypertensives: Vasodilators**

- hydrALAZINE
  - 5 milligram intravenously once

**Corticosteroids**

- betamethasone
  - 12.5 milligram intramuscularly every 24 hours x 2 doses (unless delivery occurs prior) First dose NOW
- lidocaine 1%
  - 1 milliliter intramuscularly every 24 hours x 2 doses (unless delivery occurs prior) First dose now, Give with betamethasone

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**Miscellaneous**

acetaminophen (TYLENOL)

- 650 milligram orally every 4 hours as needed for mild-to-moderate pain

hydrOXYzine (VISTARIL/ ATARAX)

- 100 milligram orally once a day, at bedtime as needed for insomnia

famotidine (PEPCID)

- 20 milligram orally 2 times a day

LORazepam (ATIVAN)

- 1-2 milligram intravenously every 4 hours as needed for restlessness or agitation

LORazepam (ATIVAN)

- 1-2 milligram orally every 4 hours as needed for restlessness or agitation

**Laboratory**

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

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- HEPATIC FUNCTION PANEL
- LDH, PLASMA
- MAGNESIUM LEVEL, PLASMA
- PT (PROTIME AND INR)
- PTT
- URIC ACID, PLASMA
- CREATININE CLEARANCE, 24-HOUR PLUS SERUM
- PROTEIN LEVEL, URINE, 24 HOUR COLLECTION
- UA WITH MICROSCOPY
- MATERNAL URINE DRUG SCREEN
- CULTURE, GROUP B STREP SCREEN
- HEPATITIS C SURFACE ANTIBODY
- SYPHILIS ANTIBODIES

**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

**Radiology**

- US OB/Fetal (Generic)  
Reason for exam: \_\_\_\_\_  
Specific Procedure Requested \_\_\_\_\_
- US OB Include Fetal Anatomy Reason for Exam: \_\_\_\_\_
- US OB Limited Reason for Exam: \_\_\_\_\_

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**PROVIDER ORDERS**

**Consult Provider**

- Provider to provider notification preferred.

Consult other provider \_\_\_\_\_ regarding \_\_\_\_\_

Does nursing need to contact consulted provider? [ ] Yes [ ] No

- Consult Perinatal Counselor

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