

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

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Diagnosis: _____

Allergies with reaction type: _____

OB Preterm Labor and/or PROM Admission

Version 6

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 _____
- 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
- Attempt to collect amniotic fluid if PROM. If collected send for FLM
- Apply Sequential compression device
- Apply knee high anti-embolic stockings
- Apply thigh high anti-embolic stockings
- 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 non-stress test
 - once a day
 - 2 times a day

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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
 - 25 milliliter/hour intravenously
- Other _____

Medications

Select Magnesium Sulfate Infusion order set for Magnesium infusion ordering

Tocolytic Agents

- terbutaline (BRETHINE)
 - 0.25 milligram subcutaneously every 4 hours
- terbutaline (BRETHINE)
 - 2.5 milligram orally every 4 hours
 - 5 milligram orally every 4 hours
- indomethacin (INDOCIN)
 - 50 milligram orally every 6 hours
- NIFEdipine (PROCARDIA)
 - **If BP less than or equal to 90/50, hold Procardia
 - **If pt begins contracting or with the third held dose, notify provider
 - 10 milligram orally once
 - 10 milligram orally every 6 hours

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

Antibacterial Agents

azithromycin (ZITHROMAX)

- 500 milligram orally once a day

cefTRIAxone (ROCEPHIN)

- 2 gram intravenously once Now
- 1 gram intravenously every 12 hours starting 12 hours after 2 gram dose if ordered

clindamycin

- 900 milligram intravenously every 8 hours

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

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

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Laboratory

Admission labs or labs to be obtained now:

- CBC/AUTO DIFF
- BASIC METABOLIC PANEL
- UA W/MICROSCOPY, CULT IF INDIC
- CULTURE, URINE
- GLYC-HEMOGLOBIN (HGB A1C)
- FETAL FIBRONECTIN
- MATERNAL URINE DRUG SCREEN
- GROUP B STREP SREEN BY PCR
- TYPE AND SCREEN
- CLOT TO HOLD
- HEPATITIS B SURFACE ANTIGEN
- 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: _____

Consult Department

- Consult Care Coordination Reason for consult: _____
- 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: _____