	s with pre-checked box ☑ will be followed unless lin order set where changes such as additions, deletion		BENEFIS HEALTH SYSTEM BENEFIS HEALTH SYSTEM HOSPITALS PROVIDER ORDERS
_			
OB Vaginal Delivery Po	ost-Partum	Version 10	Approved 2/11/19
Nursing Orders WHEN Pitocin infused a place order for saline lock Discontinue Saline Lock 4 hours after DC of new Notify provider Urinary straight cath Foley Catheter Initiate pumping/bre Initiate OB Hypertensing greater than 110 mmH Notify provider IF Temperature g IF Pulse greater to IF Respiratory Ra	IV WHEN Vital signs WNL, taking uraxial analgesia (if applicable) Eless than 120 milliliters of urine neterization, four hours after deleastfeeding within 6 hours of	ng clear liquids, voiding clear liquids, voiding clear liquids, voiding clear than ahrenheit	g and lochia flow WNL AND minimum orders for all IV medications urs post straight cath times one.
□ Other IV Fluids oxytocin (PITOCIN); 20 un □ 150 milliliter/hour x	e Diet ed to goal diet: Regular Diet its in 1000 milliliters of Lactated 1 liter, then discontinue	Ringers	
Discontinue all antepart Analgesics: Combination HYDROcodone-acetamin	n Agents nophen 5 mg-325 mg tab (NORC		(moderate pain score 4-7; severe pair

Initials_____

(place patient label here) Patient Name: Order Set Directions: > (y)- 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	BENEFIS HEALTH SYSTEM BENEFIS HOSPITALS PROVIDER ORDERS
 Analgesics: Opioids SELECT BOTH meperidine and hydrOXYzine together meperidine (DEMEROL) 75 milligram intramuscularly every 3 hours as needed for moderate-to-hydrOXYzine (VISTARIL) 25 milligram intramuscularly every 3 hours as needed for moderate-to-acetaminophen with codeine (TYLENOL #3 W/CODEINE) 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain 	
Analgesics: Non-opioids acetaminophen (TYLENOL) □ 325 milligram 1-2 tablets orally every 4 hours as needed for mild pain ibuprofen (MOTRIN) □ 800 milligram orally every 8 hours as needed for mild-to-moderate pain pain score)	
Postpartum Uterotonic Agents: Oxytocics oxytocin (PITOCIN □ 10 unit intramuscularly once	
Sedatives hydrOXYzine (VISTARIL/ ATARAX) □ 100 milligram orally once a day, at bedtime as needed for insomnia zolpidem (AMBIEN) □ 5 milligram orally as needed for insomnia at bedtime	
Antiemetics - Choose one promethazine (PHENERGAN) □ 12.5 milligram intravenously every 6 hours as needed for nausea/vomi □ 12.5 milligram intramuscularly every 6 hours as needed for nausea/vomondansetron (ZOFRAN) □ 4 milligram intravenously every 6 hours as needed for nausea/vomiting	miting
Antacids alum-mag hydroxide-simeth 400 mg-400 mg-40 mg/5 mL oral susp (MINTOX □ 30 milliliter orally every 4 hours as needed for heartburn	()
Laxatives docusate sodium (COLACE) □ 100 milligram orally 2 times a day as needed for constipation magnesium hydroxide (MILK OF MAGNESIA) □ 30 milliliter orally 3 times a day as needed for constipation Vitamins and Iron Supplements	

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Initia	S

multivitamin, prenatal

ferrous sulfate (FERATABS)

□ 1 tablet orally once a day

□ 325 milligram orally once a day

Patient Name:	BEIEIS HOSPITALS
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	PROVIDER ORDERS
Miscellaneous lanolin topical cream (LANSINOH) □ applied topically as needed for sore nipples; at bedside with instructions hydrocortisone 25 mg rectal suppository (ANUSOL-HC) □ 2 times a day as needed for hemorrhoids benzocaine/menthol spray (DERMOPLAST) □ as needed for discomfort; at bedside with instructions witch hazel-glycerin (hamamel) topical pads (TUCKS) □ as needed for discomfort; at bedside with instructions	5
 Immunoglobulins RHOGAM ULTRA-FILTERED	-negative and give birth to an Rh-
<pre>Immunizations M-M-R II (PF)</pre>	nister vaccine if patient desires and
Other Medications □ Other:	
Laboratory **Admission labs or labs to be obtained now: □ Blood Gas Study Infant - cord blood (specimen already obtained) results to	o mother and baby chart
Morning Draw: □ CBC/AUTO DIFF □ HH (HGB & HCT) □ RHIG SCREEN/MOM • (IF mom is Rh negative)	
Consult ☐ Consult/Transition Plan Care Coordinator (Select Public Health Nurse Referr ☐ Consult/Transition Plan Care Coordinator ☐ Consult Perinatal Counselor	al)

(place patient label here)

BENEFIS HEALTH SYSTEM