LABOR AND DELIVERY DISCOMFORT MED PLAN

Patient Label Here

	PHYSICIAN ORDERS				
Diagnosis					
Weight	Allergies				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	Patient Care				
	Perform Bladder Scan ☐ Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.				
	Medications				
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.				
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat				
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) ☐ 10 mL, PO, liq, q4h, PRN cough				
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) 15 mL, swish & spit, liq, q2h, PRN mucositis While awake				
	Analgesics				
	acetaminophen □ 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *******IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:***** □ 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** ********************************				
	ibuprofen ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Give with food.				
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) ☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****IF HYDROcodone-acetaminophen ineffective/contraindicated or the patient is NPO, USE ketorolac if ordered**** ☐ 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7) Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****IF HYDROcodone-acetaminophen ineffective/contraindicated or the patient is NPO, USE ketorolac if ordered**** Continued on next page				
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Order Take	en by Signature: Date Time				
Physician S	Signature: Date Time				

Version: 2 Effective on: 06/03/21

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Т	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	R ORDER DETAILS		
	ketorolac ☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-7), x 48 hr ***May give IM if no IV access***		
	morphine 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphone if order 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphone if order		
	HYDROmorphone ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10) ☐ 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)	mg, Slow IVPush, inj, q4h,	PRN pain-severe (scale 8-10)
	Antiemetics		
	promethazine 25 mg, PO, tab, q4h, PRN nausea/vomiting *****IF promethazine is ineffective/contraindicated or patient is NPO, USE on	dansetron if ordered*****	
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea/vomiting		
	Gastrointestinal Agents		
	docusate 100 mg, PO, cap, Nightly, PRN constipation *****IF docusate is contraindicated or ineffective after 12 hours, USE bisacoo	lyl if ordered****	
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation ******IF bisacodyl is contraindicated or ineffective after 6 hours, USE Fleet En	ema if ordered****	
	sodium biphosphate-sodium phosphate (Fleet Enema) 1 ea, rectally, enema, Daily, PRN constipation		
	loperamide ☐ 4 mg, PO, cap, ONE TIME, PRN diarrhea Initial dose after first loose stool ☐ 4 mg, PO, liq, ONE TIME, PRN diarrhea Initial dose after first loose stool		
	loperamide ☐ 2 mg, PO, cap, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day ☐ 2 mg, PO, liq, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day		
	Antacids		
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium suspension) 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	hydroxide-simethicone 20	00 mg-200 mg-20 mg/5 mL oral
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Physician Signature:		Date	Time

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ORDER	ORDER DETAILS				
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	☐ 160 mg, PO, tab chew, q4h, PR	N gas		
1	Sedatives				
	ALPRAZolam 0.25 mg, PO, tab, TID, PRN anxiety *****IF ALPRAZolam is ineffective/contraindicated or patient is NPC	O, USE LORazepam if ordered*****			
	LORazepam ☐ 1 mg, IVPush, inj, q6h, PRN anxiety	0.5 mg, IVPush, inj, q6h, PRN a	nxiety		
	zolpidem ☐ 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective				
	Antihistamines				
	diphenhydrAMINE 25 mg, PO, cap, q4h, PRN itching ******IF diphenhydrAMINE PO is ineffective or patient is NPO, USE	diphenhydrAMINE inj if ordered*****			
	diphenhydrAMINE ☐ 25 mg, IVPush, inj, q4h, PRN itching				
	Anti-pyretics				
	acetaminophen □ 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 2 *****IF acetaminophen is ineffective/contraindicated, USE ibuprofer □ 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 2 *****IF acetaminophen is ineffective/contraindicated, USE ibuprofer	n if ordered***** 4 hours***			
	ibuprofen ☐ 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food. ☐ 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.				
	Anorectal Preparations				
•	witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area *****IF witch hazel-glycerin ineffective/contraindicated, USE phenyl Continued on next page				
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ORDER	ORDER DETAILS				
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area ******IF Preparation H ointment ineffective/contraindicated, USE hydrocortisone-pramoxine foam if ordered*****				
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