

UMC Health System OB/GYN ANTEPARTUM PLAN	Patient Label Here
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PHYSICIAN ORDERS

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
	Notify Provider (Misc) <input type="checkbox"/> Reason: Urine output less than 30 mL per hour. <input type="checkbox"/> Reason: Urine output less than 120 mL in 4 hours.
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Please call/page private physician or chief resident to review NST prior to taking patient off monitor.
Dietary	
	NPO Diet <input type="checkbox"/> NPO <input type="checkbox"/> NPO, Except Meds <input type="checkbox"/> NPO, Except Ice Chips <input type="checkbox"/> NPO, Except Meds, Except Ice Chips
	Oral Diet <input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Full Liquid Diet <input type="checkbox"/> Regular Diet <input type="checkbox"/> Carbohydrate Controlled (1600 calories) Diet <input type="checkbox"/> Carbohydrate Controlled (2000 calories) Diet
IV Solutions	
	LR <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	NS <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	1/2 NS <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	D5 1/2 NS <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	D5LR <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr
Medications	
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	betamethasone (betamethasone 6 mg/mL injectable suspension) <input type="checkbox"/> 12 mg, IM, inj, q24h, x 2 dose
Vitamins	
	multivitamin, prenatal (Prenatal Multivitamins) <input type="checkbox"/> 1 tab, PO, tab, Daily Administer with food.
	folic acid <input type="checkbox"/> 1 mg, PO, tab, Daily
	ferrous sulfate <input type="checkbox"/> 325 mg, PO, tab, Daily, [65 mg elemental Fe per tab]. Administer with food.

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 Physician Signature: _____ Date _____ Time _____

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PHYSICIAN ORDERS

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	thiamine <input type="checkbox"/> 100 mg, IVPB, ivpb, q24h, x 2 dose, Infuse over 30 min
	pyridoxine <input type="checkbox"/> 25 mg, PO, tab, Daily
	calcium carbonate <input type="checkbox"/> 1,250 mg, PO, tab, BID, [500 mg elemental Ca.=1250 mg Ca carbonate]. Administer with meals
Immunizations	
	Tdap adult vaccine (Adacel Tdap, IM) <input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME IM only. Booster only, indicated for ages 11- 64 years.
	pneumococcal 23-polyvalent vaccine (pneumococcal 23-polyvalent vaccine injectable solution) <input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME
Antiemetics	
	metoclopramide <input type="checkbox"/> 10 mg, PO, tab, TID, PRN nausea/vomiting Administer 30 minutes before meals. <input type="checkbox"/> 10 mg, PO, tab, TID Administer 30 minutes before meals. <input type="checkbox"/> 10 mg, IVPush, inj, TID, PRN nausea/vomiting Administer 30 minutes before meals. <input type="checkbox"/> 10 mg, IVPush, inj, TID Administer 30 minutes before meals.
Antibiotics	
	Select ALL FOUR antibiotic orders below for Premature Rupture of Membranes ampicillin <input type="checkbox"/> 2 g, IVPB, ivpb, q6h, x 8 dose, Infuse over 30 min, Prophylaxis
	ampicillin <input type="checkbox"/> 500 mg, PO, cap, QID, x 5 days, Prophylaxis Start after IV ampicillin doses are completed.
	azithromycin <input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, x 2 dose, Infuse over 1 hr, Prophylaxis
	azithromycin <input type="checkbox"/> 500 mg, PO, tab, Daily, x 5 days, Prophylaxis Administer with food. Start after IV azithromycin doses are completed.
Laboratory	
	BB Transfuse Rh Immune Globulin

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Laboratory
	BB Blood Type (ABO/Rh)
	BB Antibody Screen

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UMC Health System LABOR AND DELIVERY DISCOMFORT MED PLAN	Patient Label Here
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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Patient Care
	Perform Bladder Scan <input type="checkbox"/> 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) <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) <input type="checkbox"/> 15 mL, swish & spit, liq, q2h, PRN mucositis While awake
	Analgesics
	acetaminophen <input type="checkbox"/> 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:***** <input type="checkbox"/> 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*** *****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:***** <input type="checkbox"/> 650 mg, rectally, supp, q4h, 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:*****
	ibuprofen <input type="checkbox"/> 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) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) 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***** <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) 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*****
	ketorolac <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access***
	morphine <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered***** <input type="checkbox"/> 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered*****

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	HYDRomorphone <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
Antiemetics	
	promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea *****IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered*****
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea
Gastrointestinal Agents	
	docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation *****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered*****
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation *****IF bisacodyl is contraindicated or ineffective after 6 hours, USE Fleet Enema if ordered*****
	sodium biphosphate-sodium phosphate (Fleet Enema) <input type="checkbox"/> 1 ea, rectally, enema, Daily, PRN constipation
	loperamide <input type="checkbox"/> 4 mg, PO, cap, ONE TIME, PRN diarrhea Initial dose after first loose stool <input type="checkbox"/> 4 mg, PO, liq, ONE TIME, PRN diarrhea Initial dose after first loose stool
	loperamide <input type="checkbox"/> 2 mg, PO, cap, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day <input type="checkbox"/> 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 hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Sedatives	
	ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety *****IF ALPRAZolam is ineffective/contraindicated or patient is NPO, USE LORazepam if ordered*****

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