UMC Health System

OB HYPERTENSION PROTOCOL- LABETALOL

Patient Label Here

PHYSICIAN ORDERS

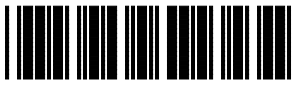
Diagnosis _____

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
	OB Hypertension Protocol ☐ ***See Reference Text
	Vital Signs ☐ Per Policy, "Once BP thresholds are achieved, repeat BP: o Every 15 minutes for 1 hour o Then every 30 minutes for 1 hour o Then every hour for 4 hours
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	labetalol ☐ 20 mg, IVPush, inj, ONE TIME, x 1 dose, Infuse over 2 min Hold if maternal pulse is under 60 bpm. Administer according to protocol if systolic pressure is at or above160 mmHg or diastolic pressure is at or above 110 mm Hg. Max dose of labetalol IV is 300mg per 24 hours.
	labetalol ☐ 40 mg, IVPush, inj, ONE TIME, PRN hypertension, x 1 dose, Infuse over 4 min Hold if maternal pulse is under 60 bpm. Administer according to protocol if systolic pressure is at or above160 mmHg or diastolic pressure is at or above 110 mm Hg. Max dose of labetalol IV is 300mg per 24 hours.
	labetalol ☐ 80 mg, IVPush, inj, ONE TIME, PRN hypertension, x 1 dose, Infuse over 8 min Hold if maternal pulse is under 60 bpm. Administer according to protocol if systolic pressure is at or above160 mmHg or diastolic pressure is at or above 110 mm Hg. Max dose of labetalol IV is 300mg per 24 hours.
	hydrALAZINE ☐ 10 mg, IVPush, inj, ONE TIME, PRN hypertension, x 1 dose, Infuse over 2 min Administer according to protocol if systolic pressure is at or above160 mmHg or diastolic pressure is at or above 110 mm Hg. Max dose of hydralazine IV is 25mg per 24 hours.
	Consults/Referrals
	Consult MD ☐ Service: Other Maternal Fetal Specialist
	Consult MD ☐ Service: Other Texas Tech Obstetrics

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____