

UMC Health System OB HYPERTENSION PROTOCOL- NIFEDIPINE	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 <input type="checkbox"/> ***See Reference Text***
	Vital Signs <input type="checkbox"/> 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.	
	NIFEdipine (NIFEdipine immediate release) <input type="checkbox"/> 10 mg, PO, cap, ONE TIME Administer according to protocol if systolic pressure is at or above 160 mmHg or diastolic pressure is at or above 110 mm Hg.
	NIFEdipine (NIFEdipine immediate release) <input type="checkbox"/> 20 mg, PO, cap, ONE TIME, PRN hypertension Administer according to protocol if systolic pressure is at or above 160 mmHg or diastolic pressure is at or above 110 mm Hg.
	NIFEdipine (NIFEdipine immediate release) <input type="checkbox"/> 20 mg, PO, cap, ONE TIME, PRN hypertension Administer according to protocol if systolic pressure is at or above 160 mmHg or diastolic pressure is at or above 110 mm Hg.
	labetalol <input type="checkbox"/> 20 mg, IVPush, inj, ONE TIME, PRN hypertension, x 1 dose, Infuse over 2 min ***Obtain emergency consultation from maternal-fetal medicine.*** Hold if maternal pulse is under 60 bpm. Administer according to protocol if systolic pressure is at or above 160 mmHg or diastolic pressure is at or above 110 mm Hg. Max dose of labetalol IV is 300mg per 24 hours.
Consults/Referrals	
	Consult MD <input type="checkbox"/> Service: Other Maternal Fetal Specialist
	Consult MD <input type="checkbox"/> Service: Other Texas Tech Obstetrics

 TO Read Back

 Scanned Powerchart

 Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

