

UMC Health System OB/GYN POSTPARTUM VAGINAL DELIVERY PLAN	Patient Label Here
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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

Admit/Discharge/Transfer

Patient Discharge Anticipated in 24 Hour (Patient Discharge Anticipated in 24 Hours)

Patient Care

Vital Signs

Per Unit Standards

Patient Activity

Up Ad Lib/Activity as Tolerated

Bedrest STRICT

Bedrest | Up to Bedside Commode Only

Bedrest | Bathroom Privileges

Strict Intake and Output

Per Unit Standards, Measure output x 3 voids. If adequate output, may discontinue I&O. If unable to void in 3 hrs, may straight cath x 1. Notify physician if still unable to void 3 hrs after straight cath.

Per Unit Standards

Urinary Catheter Care

Discontinue Urinary Catheter

Insert Straight Cath

As needed if patient unable to void within 3 hrs after Foley removed. Notify Physician immediately after straight cath.

Perform Bladder Scan (Bladder Scan Patient)

Scan PRN, If more than 250 mL, call MD

Convert IV to INT

Convert IV if vital signs stable, uterus firm, and no excessive bleeding

Breast Care

Apply Breast Binder (Apply Sports Bra)

As needed for non-nursing mothers

Apply Ice

To: Breasts, as needed for non-nursing mothers

Lanolin Topical Cream

T;N, To: breast care, PRN, 1 app, topical, cream, as needed, PRN, breast care

Perineal Care

Apply Ice

To: Perineum, PRN

Perform Sitz Bath

TID | PRN, Instruct patient how to use

Medication Management

Start date T;N
Dermoplast and perineal wash bottle at bedside for cleaning and comfort as needed.

benzocaine topical (Dermoplast 20% topical spray)

1 spray, topical, aerosol, q6h, PRN perineal care

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ORDER	ORDER DETAILS
	witch hazel-glycerin topical (Tucks) <input type="checkbox"/> 1 app, topical, pad, As Needed, PRN hemorrhoid care
Communication	
	Notify Provider of VS Parameters <input type="checkbox"/> Temp Greater Than 100.4, RR Greater Than 28, RR Less Than 12, SpO2 Less Than 92, SBP Greater Than 160, SBP Less Than 90, DBP Greater Than 90, DBP Less Than 50, HR Greater Than 120, HR Less Than 60
	Notify Provider (Misc) <input type="checkbox"/> Reason: Notify provider if patient still unable to void 3 hours after straight cath
	Instruct Patient <input type="checkbox"/> Instruct Patient On: Breast or Bottle Feeding : Initiate pumping if baby is separated from mom for more than 6 hours.
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Discontinue Intrapartum Plan upon arrival to Post-Partum Unit
Dietary	
	Oral 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 (Lactated Ringer's) <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.	
	multivitamin, prenatal (Prenatal Multivitamins) <input type="checkbox"/> 1 tab, PO, tab, Daily Administer with food.
	iron polysaccharide <input type="checkbox"/> 150 mg, PO, cap, BID Administer with food.
Immunizations	
	measles-mumps-rubella virus vaccine (measles-mumps-rubella virus vaccine subcutaneous injection) <input type="checkbox"/> 0.5 mL, subcut, inj, ONE TIME
	Tdap adult vaccine (Adacel Tdap) <input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME IM only. Booster only, indicated for ages 11- 64 years.
	pneumococcal 13-valent conjugate vaccine (pneumococcal 13-valent conjugate vaccine intramuscular suspension) <input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME
	pneumococcal 23-polyvalent vaccine (pneumococcal 23-polyvalent vaccine injectable solution) <input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME
Laboratory	

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ORDER	ORDER DETAILS
	CBC <input type="checkbox"/> Routine, T;N, Every AM for 3 days <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T;N, Every AM for 1 days
	CBC with Differential <input type="checkbox"/> Routine, T;N, Every AM for 1 days <input type="checkbox"/> Routine, T;N
	Hemoglobin and Hematocrit <input type="checkbox"/> Routine, Every AM for 1 days
	BB Rhogam Workup
	BB Transfuse Rh Immune Globulin
...Additional Orders	

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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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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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Table with 2 columns: ORDER, ORDER DETAILS. Contains sections for Antihistamines (diphenhydrAMINE), Anti-pyretics (acetaminophen, ibuprofen), and Anorectal Preparations (witch hazel-glycerin topical, mineral oil-petrolatum-phenylephrine top).

TO Read Back

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