

UMC Health System OB/GYN TRIAGE SDO - DR. E. YEOMANS - Phase: Begin Immediately	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

Patient Care

Please order under Dr. E. Yeomans and use STANDING DELEGATION per policy #705.1.

Vital Signs
 Per Unit Standards

POC Urinalysis Automated w/o Microscopy
 After each void One time

Monitoring

If greater than 24 weeks gestation:

Fetal Monitoring
 Continuous EFM Continuous External Uterine Assessment by Toco only.

If less than 24 week gestation:

Obtain Fetal Heart Tones via Doppler

Communication

Notify Provider of VS Parameters
 Temp Greater Than 100.4, RR Greater Than 28, RR Less Than 12, SpO2 Less Than 95, SBP Greater Than 140, SBP Less Than 90, DBP Greater Than 90, DBP Less Than 50, HR Greater Than 120, HR Less Than 60

Dietary

NPO Diet
 NPO NPO, Except Meds
 NPO, Except Ice Chips NPO, Except Meds, Except Ice Chips

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TO Read Back Scanned Powerchart Scanned PharmScan
 Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Signature on file _____ Date _____ Time _____

UMC Health System OB/GYN TRIAGE SDO - DR. E. YEOMANS - Phase: Discharge Orders	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
	Admit/Discharge/Transfer
	General
	Discharge Patient
	Discharge Condition <input type="checkbox"/> Discharge Condition: Stable <input type="checkbox"/> Discharge Condition: Improved <input type="checkbox"/> Discharge Condition: Fair
	Discharge Disposition <input type="checkbox"/> Discharge To: Home <input type="checkbox"/> Discharge To: Home with Home Health <input type="checkbox"/> Discharge To: SNF <input type="checkbox"/> Discharge To: Nursing Home - Intermediate Care <input type="checkbox"/> Discharge To: Hospice Home <input type="checkbox"/> Discharge To: Long term care <input type="checkbox"/> Discharge To: TDCJ or any other jail <input type="checkbox"/> Discharge To: Rehab
	Discharge Instructions <input type="checkbox"/> Discharge Instructions: Keep all follow-up appointments Take all medications as prescribed
	Diet
	Discharge Diet <input type="checkbox"/> Diet: Regular <input type="checkbox"/> Diet: ADA <input type="checkbox"/> Diet: AHA <input type="checkbox"/> Diet: Low sodium (Less than 2 grams) <input type="checkbox"/> Diet: Renal <input type="checkbox"/> Diet: Resume pre-hospital diet
	Activity
	Discharge Activity/Activity Precautions <input type="checkbox"/> Activity: As tolerated No restrictions
	Discharge Lifting Instructions <input type="checkbox"/> Restricted Amount: 8-10 Pounds
	Follow Up
	Discharge Follow-up Appointment
	Discharge Follow-up Appointment
	Discharge Follow-up Lab
	Discharge Follow-up Radiology
	Discharge Follow-up Diagnostic Procedure (Discharge Follow-up Diagnostic Procedures)

TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

