

UMC Health System OB/GYN INTRAPARTUM 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

Patient Care

Vital Signs
 Per Unit Standards
 Per Unit Standards, BP every 15 minutes in left lateral position
 Per Unit Standards, Check BP in left lateral, right lateral, sitting , standing, and supine positions

Patient Activity
 Up Ad Lib/Activity as Tolerated
 Bedrest, Instruct patient on importance of lateral position and to change position at least every 2 hours
 Bedrest | Up to Bedside Commode Only Bedrest | Bathroom Privileges

Ambulate Patient
 after 20 min reactive NST

Insert Peripheral Line

Insert Urinary Catheter
 Catheter Type: Foley, To: Dependent Drainage Bag, Place urinary catheter after epidural administration

Strict Intake and Output
 Per Unit Standards

POC Urinalysis Automated w/o Microscopy
 After each void On admission

Monitoring

Fetal Monitoring
 Continuous External Fetal Monitor External Fetal Monitor as needed
 Internal Scalp Monitor

Notify Provider (Misc)
 Reason: Category II or III tracing OR tachysystole noted

Communication

For patients WITH hypertensive disorders
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 160, SBP Less Than 90, DBP Greater Than 90, DBP Less Than 50, HR Greater Than 120, HR Less Than 60

For patients WITHOUT hypertensive disorders
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

Notify Provider (Misc)
 Reason: Before performing pelvic exams on ALL TTUHSC patients.

Notify Nurse (DO NOT USE FOR MEDS)
 Limit pelvic exams once rupture of membranes occurs

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Physician Signature: _____ Date _____ Time _____

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Postpartum patient must void prior to transfer to Family Care Unit, OR resident must be contacted and plan discussed.
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"/> 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
	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
	Obtain 20 minute baseline strip to confirm reassuring FHR prior to start of infusion. oxytocin 30 units/500 mL NS <input type="checkbox"/> 500 mL final vol, IV, x 30 days Final concentration = 0.06 unit/mL (60 milliunits/mL). Obtain 20 minute baseline strip to confirm reassuring FHR prior to start of infusion. Increase by 2 milliunit/minute to a total of _____ milliunit/minute every 15-30 minutes until contractions are 2-3 minutes apart. <input type="checkbox"/> Start at rate: _____ munit/min
	Start Post Delivery: Oxytocin for bolus infusion: oxytocin 30 units/500 mL NS <input type="checkbox"/> 500 mL final vol, IV, 999 mL/hr, x 30 days Final concentration = 0.06 unit/mL (60 milliunits/mL). Administer immediately post-delivery. <input type="checkbox"/> 30 units, Every Bag
	Oxytocin for maintenance infusion: oxytocin 30 units/500 mL NS <input type="checkbox"/> 500 mL final vol, IV, 125 mL/hr, x 30 days Final concentration = 0.06 unit/mL (60 milliunits/mL). Administer immediately after post-delivery bolus. <input type="checkbox"/> 30 units, Every Bag
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
Group B Strep Prophylaxis	
	penicillin G potassium <input type="checkbox"/> 5 million_unit, IVPB, ivpb, ONE TIME, Empiric therapy
	penicillin G potassium <input type="checkbox"/> 3 million_unit, IVPB, ivpb, q4h, Infuse over 30 min, Empiric therapy Begin 4 hours after ONE TIME dose. Give until delivery.

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 Physician Signature: _____ Date _____ Time _____

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	ampicillin <input type="checkbox"/> 2 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Empiric therapy
	ampicillin <input type="checkbox"/> 1 g, IVPB, ivpb, q4h, Infuse over 30 min, Empiric therapy
	clindamycin <input type="checkbox"/> 900 mg, IVPB, ivpb, q8h, Infuse over 30 min, Empiric therapy Give until delivery.
	vancomycin <input type="checkbox"/> 1,000 mg, IVPB, ivpb, q12h, Infuse over 90 min, Empiric therapy Give until delivery.
Cervical Ripening	
	dinoprostone topical (dinoprostone 10 mg vaginal insert) <input type="checkbox"/> 10 mg, intra-vaginal, insert, ONE TIME
	miSOPROStol <input type="checkbox"/> 25 mcg, intra-vaginal, tab, q3h Notify physician once the Bishop score is greater or equal to 6. <input type="checkbox"/> 25 mcg, intra-vaginal, tab, q4h Notify physician once the Bishop score is greater or equal to 6.
Pain Management	
	butorphanol <input type="checkbox"/> 1 mg, IVPush, inj, q1h, PRN pain-moderate (scale 4-7)
	meperidine <input type="checkbox"/> 25 mg, IVPush, inj, q6h, PRN pain-severe (scale 8-10) Meperidine is approved for pain in obstetric patients. Gynecologic patients are excluded. <input type="checkbox"/> 50 mg, IVPush, inj, q6h, PRN pain-severe (scale 8-10) Meperidine is approved for pain in obstetric patients. Gynecologic patients are excluded.
Antiemetics	
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea/vomiting <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting
Other Medications	
	mineral oil <input type="checkbox"/> 30 mL, topical, liq, as needed, PRN to assist with delivery
	sodium biphosphate-sodium phosphate (Fleet Enema) <input type="checkbox"/> 1 ea, rectally, enema, as needed, PRN to assist with delivery
	Soap Suds Enema <input type="checkbox"/> prior to delivery
	loperamide <input type="checkbox"/> 2 mg, PO, cap, ONE TIME, PRN diarrhea
	Uterine Atony/Postpartum Hemorrhage

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Physician Signature: _____ Date _____ Time _____



<p>UMC Health System</p> <p>BB TYPE AND SCREEN PLAN</p>	<p>Patient Label Here</p>
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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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Physician Signature: _____ Date _____ Time _____