

HOSPITAL REGULATION: The signature of physician must accompany all orders.
 NKA: NO KNOWN ALLERGIES
ALLERGIES:
Instructions: Any order with a check mark will be ordered. If there is a checked order that you DO NOT want, please strike through the order. All orders with a blank check box WILL NOT be ordered unless marked with a check.

Admission

- Admit to inpatient L&D
 - **required**** Service: _____
 - **required**** Level of Care: Acute Care Intermediate Care Critical Care _____
 - **required**** Diagnosis: _____
 - Admitting Physician: _____

****REQUIRED** Code Status (SELECT ONE)**

- Full Code DNR (Do Not Resuscitate)
- Partial Code:
- Cardio Resuscitation:** No chest compressions No defibrillation No internal/external pacemaker
- Ventilation:** Do Not Intubate (DNI) No mechanical ventilation with intubation No bag/mask No BiPAP
- Drug Protocol:** No artificial feeding No artificial hydration No vasopressors No hemodialysis

Isolation

- Initiate airborne isolation
- Initiate Contact Isolation
- Initiate droplet isolation

Diet

- NPO effective now
- NPO with ice chips

Activity

- Activity as tolerated
- Bed rest
- Bed rest with bathroom privileges

Nursing

Vital Signs

- Vital Signs: every 4 hours _____

Notify Physician

- Notify physician (Specified parameters)

<ul style="list-style-type: none">• Diastolic blood pressure greater than 100 mmHg or less than 40 mmHg• Heart rate greater than 120 bpm or less than 60 bpm• Respiratory rate greater than 25 or less than 10• SpO2 less than 94• Urine output less than 0.5 mL/kg/hr	<ul style="list-style-type: none">• If pattern not adequate after max dose of oxytocin reached• If contractions greater than 6/hr• Temperature greater than 100.5F or less than 96.9F• Systolic blood pressure greater than 160 mmHG or less than 90 mmHg
--	--

- Notify Physician For: _____

Obstetrics Monitoring

- Continuous tocometry
- Fetal monitoring, Continuous
- Fetal monitoring (intermittent, low risk: 0 - 5cm: not started 6 - 10cm: q30 min
10cm/pushing/delivery: q15 min(per ACOG/AWHONN guidelines)
- Fetal monitoring (intermittent, high risk – induction);
0 - 5cm: not started 6 - 10cm: q15 min 10cm/pushing/delivery: q5 min
(per ACOG/AWHONN guidelines)
- Place internal scalp electrode (ISE)

Nursing Interventions

- Insert peripheral IV: #18 gauge, May use lidocaine per insertion protocol; Continuous
- Straight cath: as needed for distension or inability to void; As needed
- May have epidural at patient request; Until discontinued
- Insert Foley catheter

Date: _____ Time: _____ Doctor's Signature: _____ Dictation ID # _____



NGMC PHYSICIAN ORDER # 3040003330 (12/21/2017)



HOSPITAL REGULATION: The signature of physician must accompany all orders.
<input type="checkbox"/> NKA: NO KNOWN ALLERGIES ALLERGIES:
<i>Instructions: Any order with a check mark will be ordered. If there is a checked order that you DO NOT want, please strike through the order. All orders with a blank check box WILL NOT be ordered unless marked with a check.</i>

Respiratory Interventions

- Oxygen Therapy; Device: Simple Face Mask , Rate: 10 , **Keep O2 Sat above** _____ % , FiO2: _____
- Nurse to administer nitrous oxide, as needed for pain > 4

IV Fluids – Antepartum

- NS, intravenous, continuous; 125 mL/hr. Give BOLUS prior to epidural placement. If NOT pre-eclamptic or eclamptic, give 1000 mL over 30 minutes or if pre-eclamptic or eclamptic, give 500 mL over 30 minutes.
- LR, intravenous, continuous; _____ mL/hr. Give BOLUS prior to epidural placement. If NOT pre-eclamptic or eclamptic, give 1000 mL over 30 minutes or if pre-eclamptic or eclamptic, give 500 mL over 30 minutes.
- D5-LR, intravenous, continuous; 125 mL/hr. Give BOLUS prior to epidural placement. If NOT pre-eclamptic or eclamptic, give 1000 mL over 30 minutes or if pre-eclamptic or eclamptic, give 500 mL over 30 minutes.

Medications – Antepartum

Antibiotics (CHOOSE ONE)

- Group B Streptococcus Prophylaxis (CHOOSE ONE)
 - Penicillin 5 million units STAT then 2.5 Million Units q4h until delivery (Keep Refrigerated. Premix)
 - Penicillin G 5 Million Units in sodium chloride 0.9% 150 mL IVPB; 5 Million Units, intravenous, at 300mL/hr over 30 mins STAT Prophylaxis: Surg/Proc (GBS). Keep refrigerated. Premix
 - Followed By-**
 - Penicillin G 2.5 Million Units in sodium chloride 0.9% 100 mL IVPB; 2.5 Million Units, intravenous, at 200 mL/hr over 30 mins Q4 hrs, Starting 4 hours from now, Continue until delivery for Group B Streptococcus Prophylaxis; Prophylaxis: Surg/Proc (GBS). Keep refrigerated. Premix
 - Clindamycin (CLEOCIN) 900 mg/50 mL IVPB – If PCN allergy and known susceptibility to erythromycin and clindamycin; 900 mg, intravenous at 50mL/hr over 60mins, Every 8 hours, Prophylaxis: Surg/Proc (GBS), Premix Bag. Continue until delivery for Group B Streptococcus
 - Vancomycin (VANCOCIN) 15 mg/kg in sodium chloride 0.9% 500 mL IVPB – If PCN allergy and resistance to erythromycin and clindamycin or unknown susceptibility; 15 mg/kg, intravenous, Every 12 hours, Prophylaxis: Surg/Proc (GBS), Keep refrigerated. Continue until delivery for Group B Streptococcus Prophylaxis

Analgesics – Severe Pain

- FENTanyl (SUBLIMAZE) injection; 50-100 mcg, intravenous, Every 30 min PRN, moderate pain (pain scale 4-6), severe pain (pain scale 7-10), Maximum dose 200 mcg in 90 minutes
- Butorphanol (STADOL) injection; 1-2 mg, intravenous, Every 4 hours PRN, moderate pain (pain scale 4-6), severe pain (pain scale 7-10), For pain requiring long acting pain management. Maximum dose 8 mg in 12 hours; Monitor respiratory rate

Sedation Reversal

- Naloxone (NARCAN) injection; 0.04-0.08 mg, intravenous, As needed, opioid reversal, respiratory depression, For suspected narcotic over-sedation and respiratory rate less than 8, continue until respiratory rate 10 per minute. Notify Provider. For IV administration, dilute 0.4 mg with 9 mL NS to yield a 0.04 mg/mL solution. Administer 1 to 2 mL IV Push every 2 minutes until patient arousable or respiratory rate is at least 10 breaths per minute.

Antiemetics

- Promethazine (PHENERGAN) in sodium chloride injection; 12.5 mg, intravenous, Every 4 hours PRN, nausea
- Ondansetron (ZOFTRAN) injection; 4mg, intravenous, Every 8 hours PRN, nausea, Nausea unrelieved by promethazine

Labor Induction/Augmentation (CHOOSE ONE)

- Low dose: oxytocin (PITOCIN) infusion;** 1 milli-units/min, intravenous, Titrated, Premix
Low-Dose Oxytocin Infusion Protocol: Start oxytocin at 1 mU/min with incremental increases of 2 mU/min (2 mL/hr) every 30 minutes until adequate contractions are reached. Maximum dose is 20 ml/hr (20 mU/min) Manage Tachysystole per Tachysystole management algorithm.
- High dose: oxytocin (PITOCIN) infusion;** 5 milli-units/min, intravenous, Titrated, Premix

Date:	Time:	Doctor's Signature:	Dictation ID #
-------	-------	---------------------	----------------

NGMC PHYSICIAN ORDER # 3040003330 (12/21/2017)


Northeast Georgia Medical Center



OB VAGINAL PRE-DELIVERY ORDERS
PAGE 2 OF 3

HOSPITAL REGULATION: The signature of physician must accompany all orders.
<input type="checkbox"/> NKA: NO KNOWN ALLERGIES ALLERGIES:
<i>Instructions: Any order with a check mark will be ordered. If there is a checked order that you DO NOT want, please strike through the order. All orders with a blank check box WILL NOT be ordered unless marked with a check.</i>

High Dose Oxytocin Infusion Protocol: Start oxytocin at 5 mU/min with incremental increases of 5 mU/min (5 mL/hr) every 30 minutes until adequate contractions are reached. Maximum dose is 20 ml/hr (20 mU/min) Manage Tachysystole per Tachysystole management algorithm.

- Misoprostol (CYTOTEC) split tablet; 25 mcg, vaginal, Every 4 hours PRN, labor induction

Labs – Antepartum

CBC w/ Auto Differential, Once, Routine

Type and Screen

Once: Routine STAT

In AMGestational Hypertension Panel

- CBC w/o Diff Once: Routine
- Comprehensive Metabolic Panel Once: Routine
- Protein / Creatinine Ratio, Urine Once: Routine
- Uric Acid Once: Routine
- Lactate dehydrogenase Once: Routine

Physician Consults

To Consult MD(s) _____
Reason for consult _____

Other Orders/Comments:

Date:	Time:	Doctor's Signature:	Dictation ID #
-------	-------	---------------------	----------------

NGMC PHYSICIAN ORDER # 3040003330 (12/21/2017)

