



## Physician Orders ADULT: OB Outpatient Care Plan

### Initiate Orders Phase

#### Non Categorized

- ☐ Initiate Powerplan Phase  
*T;N, Phase: OB Outpatient Care Phase, When to initiate: \_\_\_\_\_*

### OB Triage Phase

#### Admission/Transfer/Discharge

- ☒ Patient Status Initial Outpatient  
*T;N, Outpatient Status/Service OP-Diagnostic Procedure, Bed Type: Obstetrics, Unit: Labor and Delivery*

### Vital Signs

- ☒ Vital Signs Per Unit Protocol  
*T;N*

### Activity

- ☒ Bedrest w/BRP  
*T;N*
- ☐ Out Of Bed  
*T;N, Up Ad Lib*

### Food/Nutrition

- ☒ NPO  
*Start at: T;N, Instructions: NPO except for ice chips | NPO except for medications*
- ☐ Regular Adult Diet  
*Start at: T;N*

### Patient Care

- ☒ VTE MEDICAL Prophylaxis Plan(SUB)\*
- ☒ Fetal Monitoring External  
*T;N*
- ☐ IV Insert/Site Care  
*T;N, q4day, Preferred Gauge: 18G*
- ☐ Vaginal Exam (Sterile)  
*T;N*

### Continuous Infusion

- ☐ **+1 Hours** LR  
*1,000 mL, IV, Routine, 125 mL/hr*
- ☐ **+1 Hours** D5LR  
*1,000 mL, IV, Routine, 125 mL/hr*

### Laboratory

- ☐ Type and Screen  
*Routine, T;N, to Hold, Type: Blood*
- ☐ CBC  
*STAT, T;N, once, Type: Blood*





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- ☐ CMP  
*STAT, T;N, once, Type: Blood*
- ☐ PT/INR  
*STAT, T;N, once, Type: Blood*
- ☐ PTT  
*STAT, T;N, once, Type: Blood*
- ☐ Fibrinogen Level  
*STAT, T;N, once, Type: Blood*
- ☐ Uric Acid Level  
*STAT, T;N, once, Type: Blood*
- ☐ Urinalysis w/Reflex Microscopic Exam  
*STAT, T;N, once, Type: Urine, Nurse Collect*
- ☐ Urine Culture  
*STAT, T;N, Specimen Source: Urine*
- ☐ Fetal Fibronectin  
*STAT, T;N, Type: Vaginal Specimen, Nurse Collect*  
*Comments: Vaginal/Fornix Secretion, Collection Criteria: between 24 and 34 weeks GA; intact membranes , cervical dilation <3cm; no vag exam or intercourse in the previous 24hours; no gross vag bleeding*

**Diagnostic Tests**

- ☐ US OB Ltd 1+ Fetuses  
*T;N, Stat, Portable*
- ☐ US Fetal Biophysical With Non Stress Test Plan(SUB)\*

**Consults/Notifications/Referrals**

- ☒ Notify Physician-Once  
*T;N, of room number on arrival to unit*
- ☐ Physician Consult  
*T;N*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
MD Number

**\*Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note



*Attach patient label here*



**Physician Orders ADULT: OB Outpatient Care Plan**

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

