



attach patient label here

**Physician Orders ADULT**  
**Antepartum Admit Phase**  
**Antepartum Admit Phase**

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Admission/Transfer/Discharge</b>		
<input checked="" type="checkbox"/>	Admit Patient to Dr. _____	
	<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation	
	<b>NOTE to MD: Inpatient</b> - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care	
	<b>Outpatient</b> - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area	
	<b>Observation</b> - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up	
	<b>Reason:</b> _____	
	<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: <b>Labor and Delivery</b> _____	
<input type="checkbox"/>	Notify physician- once _____ T;N, of room number on arrival to unit	
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Vital Signs</b>		
<input checked="" type="checkbox"/>	Vital Signs per Unit Protocol T;N	
<b>Activity</b>		
<input type="checkbox"/>	Bedrest w BRP T;N	
<input type="checkbox"/>	Bedrest T;N, Strict	
<input type="checkbox"/>	Out of Bed T;N, Up Ad Lib	
<b>Food/Nutrition</b>		
<input type="checkbox"/>	NPO T;N, except for ice chips and medications	
<input checked="" type="checkbox"/>	Regular Adult Diet T;N	
<input type="checkbox"/>	<b>ADA Adult Diet 1800 Cal Plan</b> See separate sheet	
<input type="checkbox"/>	<b>ADA Adult Diet 2000 Cal Plan</b> See separate sheet	
<b>Patient Care</b>		
<input checked="" type="checkbox"/>	<b>VTE Medical Prophylaxis Plan</b> See separate sheet	
<input type="checkbox"/>	Fetal Heart Tones Auscultation T;N, q8 hours with doppler	
<input type="checkbox"/>	Fetal Heart Tones Auscultation T;N, qDay with doppler	
<input type="checkbox"/>	Fetal Monitoring External T;N, q4h, minimum of 20 minutes	
<input type="checkbox"/>	Fetal Monitoring External T;N, q8h, minimum of 20 minutes	
<input type="checkbox"/>	Fetal Monitoring External T;N, continuous	
<input type="checkbox"/>	Fetal Non Stress Test T;N, Routine	
<input type="checkbox"/>	IV Insert/Site Care T;N, q4Day, 18 gauge	
<input type="checkbox"/>	Trendelenberg T;N	
<input type="checkbox"/>	Sequential Compression Device T;N, Apply to lower extremities Apply	
<b>Continuous Infusions</b>		
<input type="checkbox"/>	Lactated Ringers 1000mL, IV, Routine, T;N, 125mL/hr	
<input type="checkbox"/>	D5LR 1000mL, IV, Routine, T;N, 125mL/hr	



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Medications		
<input type="checkbox"/>	zolpidem	5 mg, Tab, PO, hs, PRN Sleep, Routine, T;N
<input type="checkbox"/>	ondansetron	4 mg, tab,PO,q6h, PRN Nausea/Vomiting, Routine, T;N
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine, T;N, If unable to tolerate PO
<input type="checkbox"/>	acetaminophen	650 mg, Tab, PO, q4h, PRN Headache, Routine, T;N, Comment: DO NOT EXCEED 4000 MG ACETAMINOPHEN/24 HOURS
<input type="checkbox"/>	Al hydroxide/Mg hydroxide/simethicone (Maalox Max)	30 mL, Oral Susp, PO, q4h, PRN Indigestion, Routine, T;N
<input type="checkbox"/>	magnesium hydroxide (Milk of Magnesia)	30 mL, Oral Susp, PO, QDay, PRN Constipation, Routine, T;N
<input type="checkbox"/>	betamethasone (betamethasone acet-betamethasone na phosphate)	12 mg, Injection, IM, q24h, Routine, ( 2 dose )
Laboratory		
<input type="checkbox"/>	Type and Screen	T;N, routine, Reason: to Hold, blood
<input type="checkbox"/>	CBC	T;N, routine, once, blood
<input type="checkbox"/>	CMP	T;N, routine, once, blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	T;N, routine, once, blood
<input type="checkbox"/>	Partial Thromboplastin Time (PTT)	T;N, routine, once, blood
<input type="checkbox"/>	Fibrinogen Level	T;N, routine, once, blood
<input type="checkbox"/>	Uric Acid Level	T;N, routine, once, blood
<input type="checkbox"/>	Urinalysis (South only)	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam (GTown only)	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Drug Screen Urine Triage (South only)	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Drug Abuse Screen Urine (Gtown only)	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Creatinine Clearance 24hr Urine	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Protein Urine 24hr	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urine Culture	T;N, Routine, once, Specimen Source: Urine, Nurse Collect
<input type="checkbox"/>	Fetal Fibronectin	T;N, Routine, once, Type: Vaginal Specimen, Nurse Collect, Comment: Vaginal /Fornix Secretion, Collection Criteria: between 24 and 34 weeks GA; intact membranes , cervical dilation <3cm; no vag exam or intercourse in the previous 24 hours; no gross vag bleeding
<b>NOTE: If not previously collected in third trimester, order HIV Prenatal below:</b>		
<input type="checkbox"/>	HIV Prenatal	T;N, routine, once, blood
Diagnostic Tests		
<input type="checkbox"/>	US OB Ltd 1+ Fetuses	T;N, Reason for Exam: _____, Routine, Wheelchair
<input type="checkbox"/>	<b>US Fetal Biophysical With Non Stress Test Plan</b>	
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	T;N, Who: _____, Reason for Consult: _____.

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician's Signature \_\_\_\_\_ MD Number \_\_\_\_\_