Physician Orders PEDIATRIC: LEB ED Intrapartum/Postpartum Plan

Triage Standing Intrapartum/Postpartum
Non Categorized
Criteria: Patients less than 18 years of age with acute ongoing bleeding in the intra or post partum period.(NOTE)*

Vital Signs
☑ Vital Signs
  T;N, Stat, BP, HR, RR q15min, Temp q1hr

Food/Nutrition
☑ NPO
  Start at: T;N, Instructions: NPO except for ice chips | NPO except for medications, and popsicles

Patient Care
☑ IV Insert/Site Care LEB
  T;N, Stat, Preferred Gauge: 18G, or 20 gauge catheter

Continuous Infusion
☑ D5LR
  1,000 mL, IV, STAT, 125 mL/hr (infuse over 8 hr )

Laboratory
☑ CBC
  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

☑ Type and Screen Pediatric
  STAT, T;N, Type: Blood

☑ BMP
  STAT, T;N, once, Type: Blood

☑ Ionized Calcium Pediatric
  STAT, T;N, once, Type: Blood

Consults/Notifications/Referrals
☑ Notify Physician-Continuing
  T;N, Notify: ED Physician, Pulse greater than 110 beats/minute; systolic BP less than 90 or greater than 160 mm/Hg; diastolic BP greater than 110 mm/Hg; temperature greater than 39 degrees Celsius; heavy vaginal bleeding (soaking two or more pads per hour

LEB ED Intrapartum/Postpartum Phase 2
Admission/Transfer/Discharge
☐ Transfer Pt within current facility
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T;N

Patient Care
☐ In and Out Cath
   T;N, Stat, For 2 times, PRN, for inability to void
☐ Foley Insert-Follow Removal Protocol
   T;N, If still unable to void after 2 catheterizations
☐ Cold Apply
   T;N, Perineum, for swelling/discomfort

Continuous Infusion
NOTE: After delivery of placenta(NOTE)*
☐ oxytocin 30 units in D5NS 500 mL (IVS)*
   Dextrose 5% with 0.9% NaCl
   500 mL, IV, STAT, (for 1 dose ), 150 mL/hr, To be infused over 3.3 hours
   oxytocin(additive)
   30 units

Medications
☐ Al hydroxide/Mg hydroxide/simethicone
   30 mL, Oral Susp, PO, q3h, PRN Heartburn, For Indigestion or Gas
☐ ibuprofen
   800 mg, Tab, PO, q8h, PRN Other, specify in Comment, Routine, Cramping
☐ acetaminophen
   650 mg, Tab, PO, q6h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
   (DEF)*
   325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4g/day
☐ acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
   2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 3 day )
☐ HYDROMorphone
   1 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine, (for 3 day )
☐ ondansetron
   8 mg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine
   NOTE: After delivery of placenta(NOTE)*
☐ oxytocin
   20 units, Injection, IM, once, STAT, Us if NO IV Access

Consults/Notifications/Referrals
☐ Notify Physician-Once
   T;N, of room number on arrival to unit
☐ Physician Group Consult
   T;N, Stat

LEB ED Postpartum Bleeding Plan Phase 3
Physician Orders PEDIATRIC: LEB ED Intrapartum/Postpartum Plan

Patient Care
NOTE: To be initiated only after routine intrapartum oxytocin infusion is complete and when an emergent or urgent hemorrhagic situation occurs that requires multiple units and/or components of blood (cross-matched if ready or red tagged if blood sample has not been matched). This must be ordered by the ED staff physician.(NOTE)*

Medications
NOTE: If bleeding continues post-oxytocin infusion, administer:(NOTE)*

☐ methylergonovine
  0.2 mg, Injection, IM, q2h, STAT, (for 2 dose )
  Comments: May repeat q2hr up to 2 total doses, Administer IM only, rotating injection site with each dose.

NOTE: If bleeding persists post-METHergine administration and patient exhibits signs/symptoms of refractory postpartum uterine bleeding, administer:(NOTE)*

☐ carboprost
  250 mcg, Injection, IM, q15min, STAT, (for 2 dose )
  Comments: May repeat q15min up to 2 total doses. Administer IM only, rotating injection site with each dose

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
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order