



Physician Orders ADULT: OB Intrapartum Plan

Initiate Orders Phase

Admission/Transfer/Discharge

- ☒ Patient Status Initial Inpatient
 T;N Admitting Physician: _____
 Reason for Visit: _____
 Bed Type: _____ Specific Unit: Labor and Delivery
 Care Team: _____ Anticipated LOS: 2 midnights or more

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
 Phase: OB Intrapartum Admit Phase, When to Initiate: _____
- ☐ Initiate Powerplan Phase
 Phase: Oxytocin Induction - Augment Labor Phase, When to Initiate: _____
- ☐ Initiate Powerplan Phase
 Phase: C-Section Pre Operative Phase, When to Initiate: _____
- ☐ Initiate Powerplan Phase
 Phase: PreEclampsia/Eclampsia Intrapartum Phase, When to Initiate: _____
- ☐ Initiate Powerplan Phase
 Phase: VBAC Phase, When to Initiate: _____
- ☐ Initiate Powerplan Phase
 Phase: Cervical Ripening (dinoprostone) Phase, When to Initiate: _____
- ☐ Initiate Powerplan Phase
 Phase: Cervical Ripening (misoprostol) Phase, When to Initiate: _____

R Powerplan Open

OB Intrapartum Admit Phase

Vital Signs

- ☒ Vital Signs Per Unit Protocol

Activity

- ☒ Bedrest w/BRP
 BRP until initiation of regional anesthesia
- ☐ Bedrest
- ☐ Out Of Bed
 Up Ad Lib

Food/Nutrition

- ☒ NPO after midnight
 NPO except for ice chips and medications.
- ☐ NPO
 Instructions: NPO except for ice chips Instructions: NPO except for medications

Patient Care

- ☐ VTE MEDICAL Prophylaxis Plan(SUB)*
- ☒ Fetal Monitoring
 continuous FHR
- ☒ Uterine Contraction Monitoring
☐ External Monitoring, continuous (DEF)*
☐ Internal Monitoring, continuous
- ☒ IV Insert/Site Care
 q4day, Preferred Gauge: 18G
- ☒ Assess Group B Strep Status
 Initiate GBS prophylaxis if GBS status is positive or unknown
- ☒ In and Out Cath
 PRN, unable to void, on third episode of inability to void, place order for Indwelling Urinary Catheter
 Insert, DC when patient is complete and ready to deliver





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- ☐ Indwelling Urinary Catheter Insert-Follow Removal Protocol
 - ☐ to bedside gravity drainage, DC when patient is complete and ready to deliver (DEF)*
 - ☐ to bedside gravity drainage, Insert upon initiation of regional anesthesia and DC when patient is complete and ready to deliver
- ☐ Intake and Output
q8h(std)
- ☐ Regional Anesthesia Per Patient Request
T;N, PRN
- ☐ Sequential Compression Device Apply
Apply To Lower Extremities
- ☐ Nursing Communication
Hold placenta. Enter "Placenta Pathology Tissue Request" order once placenta obtained.
- ☒ Nursing Communication
Discontinue all intrapartum orders except Admit Patient and intravenous access orders, after delivery and prior to initiating phases in the OB Postpartum Plan.

Respiratory Care

- ☒ Non Rebreather Mask
10 L/min, Special Instructions: PRN Non reassuring fetal status
- ☐ Non Rebreather Mask
10 L/min, Special Instructions: PRN Non reassuring fetal status or Maternal SaO2 less than 95%.

Continuous Infusion

- ☒ **+1 Hours** Lactated Ringers Injection
1,000 mL, IV, Routine, 125 mL/hr
- ☐ **+1 Hours** D5LR
1,000 mL, IV, Routine, 125 mL/hr
- ☐ **+1 Hours** Lactated Ringers Bolus
1,000 mL, IV Piggyback, prn, PRN Other, specify in Comment, Routine, 1,000 mL/hr
Comments: May bolus per fetal monitoring policy. May also bolus per regional anesthesia guidelines.

Medications

- ☐ GBS Intrapartum Prophylaxis Plan(SUB)*
- ☐ **+1 Hours** ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine
- ☐ **+1 Hours** butorphanol
1 mg, Injection, IV Push, q30min, PRN Pain, Moderate (4-7), Routine
Comments: If pain unrelieved in 30 minutes, may repeat dose. Max cumulative total dose = 2mg every 2hr. Discontinue after delivery.
- ☐ **+1 Hours** butorphanol
2 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine
Comments: Max cumulative total dose = 2mg every 2hr. Discontinue after delivery.
- ☒ **+1 Hours** oxytocin 30 units in NS (Bolus)
500 mL, IV Piggyback, prn, PRN, Routine, (infuse over 30 min), Post placental delivery; for bleeding, uterine atony.
Comments: Post placental delivery; for bleeding, uterine atony.

Laboratory

- ☒ CBC w/o Diff
STAT, T;N, once, Type: Blood
- ☒ Type and Screen
 - ☐ STAT, T;N, to Hold, Type: Blood (DEF)*
 - ☐ STAT, T;N, for OR, Type: Blood
 If not previously collected in third trimester, order HIV Prenatal below:(NOTE)*
- ☐ HIV Prenatal
STAT, T;N, once, Type: Blood





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Prenatal Lab includes the following orders:(NOTE)*

- ☐ Rubella IgG Antibody
STAT, T;N, once, Type: Blood
- ☐ RPR Screen
STAT, T;N, once, Type: Blood
- ☐ HIV Prenatal
STAT, T;N, once, Type: Blood
- ☐ Hepatitis B Surface Antigen
STAT, T;N, once, Type: Blood

Consults/Notifications/Referrals

- ☐ Notify Physician-Once
Notify For: of room number on arrival to unit
- ☒ Notify Physician-Once
Notify: Medical Anesthesia Group, Notify For: of patient's admission to Labor & Delivery
- ☐ Notify Physician For Vital Signs Of
Notify: OB Physician, Heart rate < 60 or greater than 120 (not during second stage of labor), SaO2 < 95%, BP systolic < 80 or > 160, BP Diastolic < 50 or > 100, RR < 12 or > 25, temperature > 38 degrees Celsius, urinary output less than 120mL for four hr.
- ☐ Notify Physician-Continuing
Notify: OB Physician, severe headache, visual changes, altered mental status, epigastric pain, or shortness of breath

Oxytocin Induction - Augment Labor Phase

Patient Care

- ☒ Nursing Communication
Assess and document maternal/fetal status for 30 minutes prior to initiation of oxytocin infusion
- ☒ Nursing Communication
T;N
Comments: If evidence of uterine tachysystole (more than 5 contractions/ 10 minutes or a single contraction lasting 2 minutes or more, or contractions occurring within 1 minute of each other) and presence of reassuring FHR, decrease rate of oxytocin to previous dose. If not resolved within 20 minutes, decrease rate by 50% and notify physician.
- ☒ Nursing Communication
In the absence of reassuring fetal heart rate pattern, stop the oxytocin and initiate Intrauterine Resuscitation Measures per nursing policy and notify physician.

Continuous Infusion

- ☒ **+1 Hours** oxytocin 30 units in NS
30 units / 500 mL, IV, Routine, Titrate
Comments: Start infusion at 2 mL/hr (2 milliunits/minute) and increase by 2 mL/hr q 30 minutes until adequate uterine activity is achieved. Adequate uterine activity is defined as contractions 2-3 minutes apart (3-5 contractions in a 10 minute period) and of moderate quality by palpation, or 50-60 mmHg above baseline with IUPC (maximum 300 Montevideo units). Contractions should not exceed 5 contractions in a 10 minutes period (tachysystole). Order Comment: Max dose 40 mL/hour (40milliunit/minute).

Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing
Notify: OB Physician, Notify For: maternal/fetus status when oxytocin dose = 20mL/hr (20milliunits/minute)

C- Section Pre Operative Phase

Patient Care

- ☒ Clipper Prep
prep abdomen
- ☒ Indwelling Urinary Catheter Insert-Follow Removal Protocol
to bedside gravity drainage, prior to procedure.
- ☒ Sequential Compression Device Apply
Apply To Lower Extremities





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- ☒ Complete Pre-op Checklist
T;N

Medications

- ☒ **+1 Hours** acetaminophen
975 mg, Tab, PO, N/A, Routine, preop on call to C-section
Comments: Do not administer if the patient has taken acetaminophen in last 6 hours, has a history of liver disease or HELLP syndrome, allergy to acetaminophen, or weighs <60 kg.
- ☐ **+1 Hours** famotidine
20 mg, Tab, PO, N/A, Routine, Pre-Op on call to C Section
- ☒ **+1 Hours** metoclopramide
10 mg, Tab, PO, N/A, Routine, Pre-Op on call to C-Section
- ☒ **+1 Hours** citric acid-sodium citrate
30 mL, Oral Soln, PO, N/A, Routine, Pre-Op on call to C-Section
- ☒ **+1 Hours** scopolamine
1.5 mg, Patch, TD, N/A, Routine, (for 24 hr), preop on call to C-Section, place behind ear for a 24 hour period
- ☒ **+1 Hours** ceFAZolin
2 g, IV Piggyback, IV Piggyback, N/A, Routine, preop on call to C-Section, administer within 60 minutes of incision
If allergic to penicillin, order clindamycin (Cleocin) below:(NOTE)*
- ☐ **+1 Hours** clindamycin
900 mg, IV Piggyback, IV Piggyback, N/A, Routine, preop on call to C-Section, administer within 60 minutes of incision
For unscheduled C-Section, please choose the option below:(NOTE)*
- ☐ **+1 Hours** azithromycin
500 mg, IV Piggyback, IV Piggyback, N/A, Routine, preop on call to C-Section, administer within 60 minutes of incision

PreEclampsia/Eclampsia Intrapartum Phase

Vital Signs

- ☒ Vital Signs
per Magnesium Sulfate and Include: BP, HR, RR, DTRs, O2 Sat, LOC, breath sounds, and FHR per Magnesium Sulfate Administration Policy

Activity

- ☒ Bedrest

Patient Care

- ☒ Intake and Output
Routine, q1h(std), strict
- ☒ Indwelling Urinary Catheter Insert-Follow Removal Protocol
bag with urometer
- ☒ Indwelling Urinary Catheter Care
- ☒ Seizure Precautions
- ☐ O2 Sat Continuous Monitoring NSG
- ☒ Nursing Communication
Notify the provider and stop Magnesium Sulfate infusion for symptoms of Magnesium toxicity: absent reflexes, RR less than 12 bpm, urine output less than 30ml/hr, decreased LOC, muscle weakness, hypotension, SOB, and respiratory or cardiac arrest.
- ☒ Nursing Communication
Discontinue magnesium sulfate infusion immediately prior to transferring to OR/C-Section.
- ☐ Nursing Communication
Upon completion of magnesium sulfate bolus, place order for magnesium level q6h with order comment "while receiving magnesium"

Continuous Infusion

- ☐ **+1 Hours** Lactated Ringers Injection
1,000 mL, IV, Routine, 50 mL/hr





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Comments: titrate total IV fluid volume to total 100 mL/hr

- ☐ **+1 Hours** magnesium sulfate 20 g/ LR infusion
 20 g / 500 mL, IV, Routine, 50 mL/hr
Comments: Initial Rate 50mL/hr = 2g/hr

Medications

- ☐ **+1 Hours** magnesium sulfate
- ☐ 6 g, Injection, IV Piggyback, once, Routine, (infuse over 30 min), (OB only); Loading Dose (DEF)*
Comments: Infuse via infusion pump in hub nearest to patient
 - ☐ 4 g, Injection, IV Piggyback, once, Routine, (infuse over 30 min), OB ONLY; LOADING DOSE
Comments: Comment: Infuse via infusion pump in hub nearest to patient
- Medications- PRN Seizure Activity/Magnesium Toxicity (NOTE)*
- ☒ **+1 Hours** magnesium sulfate
 6 g, IV Piggyback, IV Piggyback, N/A, PRN Seizure Activity, Routine, (for 1 dose), (infuse over 30 min), (OB only)
Comments: Infuse via infusion pump in hub nearest to patient
- ☒ **+1 Hours** LORazepam
 2 mg, Injection, IV Push, N/A, PRN Seizure Activity, Routine, (for 1 dose), Indication: NOT for Violent Restraint
Comments: for persistent seizure activity not resolved by PRN magnesium bolus
- ☒ **+1 Hours** calcium gluconate
 1 g, Injection, IV Push, N/A, PRN Other, specify in Comment, Routine, signs and symptoms of magnesium toxicity
Comments: Administer with MD Supervision

Laboratory

- ☒ PT/INR
 STAT, T;N, Type: Blood
- ☒ PTT
 STAT, T;N, once, Type: Blood
- ☒ CMP
 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, Catheterized
- ☐ Creatinine Clearance 24 hr Urine
 STAT, T;N, once, Type: Urine, Nurse Collect
- ☐ Albumin Urine Qualitative
 STAT, T;N, once, Type: Urine, Nurse Collect
- ☐ Protein Urine 24 hr
 STAT, T;N, once, Type: Urine, Nurse Collect

Consults/Notifications/Referrals

- ☒ Notify Physician For Vital Signs Of
 Notify: OB Physician, BP Systolic > 160, BP Diastolic > 110, Resp Rate > 24, Resp Rate < 14, Urine Output < 30mL/hr for 2 hrs, changes in neurologic or respiratory status, non-reassuring fetal status
- ☐ Physician Consult

VBAC Phase

Patient Care

- ☒ Consent Signed For
 T;N, Procedure: Vaginal Birth After a Previous Cesarean Delivery(VBAC)
- ☒ Nursing Communication
 Notify NICU of VBAC admission





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Consults/Notifications/Referrals

- ☒ Notify Physician-Once
Notify: Medical Anesthesia Group(MAG), Notify For: of patient admission to Labor and Delivery for VBAC

Cervical Ripening (Dinoprostone) Phase

Activity

- ☒ Bedrest
maintain patient in the lateral recumbant position with head slightly elevated for 2 hours after insertion of dinoprostone.
- ☒ Bedrest w/BRP
prior to insertion of dinoprostone and 2 hours after insertion of dinoprostone.

Food/Nutrition

- ☐ NPO after midnight
- ☐ NPO
- ☐ Clear Liquid Diet
Start at: T;N, Stop at: T;2359, Adult (>18 years) (DEF)
 discontinue after removal of dinoprostone, Start at: T;N*

Patient Care

- ☒ INT Insert/Site Care
- ☒ Nursing Communication
Obtain a 30 minute continuous strip for fetal status and uterine activity prior to insertion of dinoprostone.
- ☒ Nursing Communication
Assess cervical dilation prior to insertion and after removal of dinoprostone.
- ☒ Nursing Communication
Remove dinoprostone if patient experiences tachysystole, non-reassuring FHR pattern and provide Intrauterine Resuscitation Measures per nursing policy.
- ☒ Nursing Communication
If initiating Oxytocin Induction-Augment Labor Phase, initiate at least 30 minutes following removal of dinoprostone.

Medications

- ☒ **+1 Hours** dinoprostone 10 mg vaginal insert
*10 mg, Insert, VAG, once, Routine
 Comments: Insert into the vaginal posterior fornix. Remove at the onset of labor or after 12 hours.*
- ☐ **+1 Hours** zolpidem
*5 mg, Tab, PO, hs, PRN Sleep, Routine
 Comments: may repeat x1 dose in one hour if no effect.*
- ☐ **+1 Hours** acetaminophen
*650 mg, Tab, PO, q4h, PRN Headache, Routine
 Comments: Do not exceed max daily dose of 4000mg acetaminophen from all sources*

Consults/Notifications/Referrals

- ☒ Notify Physician-Once
Notify: OB Physician, Notify For: if patient experiences tachysystole or non reassuring FHR pattern.

Cervical Ripening (Misoprostol) Phase

Activity

- ☒ Bedrest
maintain patient in the lateral recumbant position with head slightly elevated for 2 hours after insertion of misoprostol.
- ☒ Bedrest w/BRP
prior to insertion of misoprostol (Cytotec) and 2 hours after insertion of misoprostol.

Food/Nutrition

- ☐ NPO after midnight
- ☐ NPO





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- ☐ Clear Liquid Diet
*Start at: T;N, Stop at: T;2359, Adult (>18 years) (DEF)**
Adult (>18 years), discontinue after removal of misoprostol., Start at: T;N

Patient Care

- ☒ INT Insert/Site Care
- ☒ Nursing Communication
Obtain a 30 minute continuous strip for fetal status and uterine activity prior to insertion of misoprostol.
- ☒ Nursing Communication
Assess cervical dilation prior to insertion of misoprostol.
- ☒ Nursing Communication
In the absence of a reassuring FHR tracing, provide Intrauterine Resuscitation Measures per Nursing policy.

Medications

Order with caution- less than 30 weeks GA with uterine scar, unexplained vaginal bleeding, placenta previa/vasa, fever, glaucoma, asthma, cardiac, renal, or hepatic dysfunction.(NOTE)*

Contraindications- 1. Hypersensitivity to prostaglandins.(NOTE)*

Contraindications- 2. Patient receiving oxytocin/other ripening agent.(NOTE)*

Contraindications- 3. 30 weeks or greater GA with previous uterine scar.(NOTE)*

- ☒ **+1 Hours** miSOPROStol
 25 mcg, Tab, VAG, q4h, Routine
Comments: Insert into the vaginal posterior fornix.
- ☐ **+1 Hours** miSOPROStol
 50 mcg, Tab, VAG, q6h, Routine
Comments: Insert into the vaginal posterior fornix.
- ☐ **+1 Hours** zolpidem
 5 mg, Tab, PO, hs, PRN Sleep, Routine
Comments: may repeat x1 dose in one hour if no effect.
- ☐ **+1 Hours** acetaminophen
 650 mg, Tab, PO, q4h, PRN Headache, Routine
Comments: Do not exceed max daily dose of 4000mg acetaminophen from all sources

Consults/Notifications/Referrals

- ☒ Notify Physician-Once
Notify: OB Physician, Notify For: if patient experiences tachysystole or non reassuring FHR pattern.

Date	Time	Physician's Signature	MD Number
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*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

