Physician Orders ADULT: OB Postpartum Plan

Initiate Orders Phase
Non Categorized
☐ Initiate Powerplan Phase
  Phase: Vaginal Delivery Postpartum Phase, When to Initiate: Other-See Special Instructions, At D/C of Intrapartum-Recovery Phase
☐ Initiate Powerplan Phase
  Phase: C-Section Postpartum Phase, When to Initiate: ______________________________
☐ Initiate Powerplan Phase
  Phase: C-Section Regional Anes Phase, When to Initiate: Other-See Special Instructions, 24 hrs after time of delivery
☐ Initiate Powerplan Phase
  Phase: C-Section General Anes Pain Meds Phase, When to Initiate: Other-See Special Instructions, On arrival in Recovery Room
☐ Initiate Powerplan Phase
  Phase: PreEclampsia/Eclampsia Postpartum Phase, When to Initiate: ______________________________
☐ Initiate Powerplan Phase
  Phase: Readmission Postpartum Phase, When to Initiate: ______________________________
R Powerplan Open

Vaginal Delivery Postpartum Phase
Non Categorized
☐ Add To Problem List
  Problem: Postpartum Care
☐ Consent Signed For
  T;N, Procedure: Circumcision

Admission/Transfer/Discharge
☐ Transfer Pt within current facility
  Level of Care: Obstetrics, Postpartum

Vital Signs
☐ Vital Signs Per Unit Protocol

Activity
☐ Activity As Tolerated

Food/Nutrition
☐ Regular Adult Diet
☐ Consistent Carbohydrate Diet
  ☐ T;N, Caloric Level: 1800 Calorie, Insulin: [ ] No Insulin [ ] Short Acting [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long; Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis (DEF)*
  ☐ T;N, Caloric Level: 2000 Calorie, Insulin: [ ] No Insulin [ ] Short Acting [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long; Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis [ ] No, on dialysis [ ] Yes, not on dialysis [ ] NPO

Patient Care
☐ VTE MEDICAL Prophylaxis Plan(SUB)*
☐ DC IV Fluids When Tolerating PO
  T;N, convert IV to INT if tolerating PO fluids, when fundus is firm and bleeding is less than or equal to moderate lochia without clots
☐ INT Discontinue When Tolerating PO
  T;N, discontinue INT if tolerating PO fluids, when fundus is firm and bleeding is less than or equal to moderate lochia without clots
☐ IV Insert/Site Care
  q4day
Physician Orders ADULT: OB Postpartum Plan

- Perineal Care
- In and Out Cath
  PRN, Unable to void, on third episode of inability to void, place order for Indwelling Urinary Catheter Insert.
- Rh Immune Globulin (RHIG)
  T;N, Assess Rh negative maternal status. Assess Newborn Rh status. If newborn Rh positive, administer dose IM to mother within 72 hours of birth
- Encourage Support Bra/Tight Binder
  encourage patient to wear snug fitting bra unless breast feeding.
- Sequential Compression Device Apply
  Apply To Lower Extremities

Respiratory Care
- Nasal Cannula
  Routine PRN, 2 L/min, Special Instructions: Titrate to keep O2 sat equal to or greater than 92%

Continuous Infusion
- +1 Hours oxytocin 30 units in NS
  30 units / 500 mL, IV, Routine, (for 4 hr ), 40 mL/hr
  Comments: Infuse over 4 hours = 160mL total
- +1 Hours LR
  1,000 mL, IV, Routine, 85 mL/hr
  Comments: begin bag after completion of oxytocin infusion.
- +1 Hours D5LR
  1,000 mL, IV, Routine, 85 mL/hr
- +1 Hours oxytocin 30 units in NS (Bolus)
  500 mL, IV, prn, PRN Other, specify in Comment, Routine, ( infuse over 30 min )
  Comments: Post placental delivery; for bleeding, uterine atony.

Medications
- Medications General:(NOTE)*
  NOTE: If patient is Non- Immune, order measles/mumps/rubella virus vaccine below:(NOTE)*
- +1 Hours measles/mumps/rubella virus vaccine
  0.5 mL, Injection, Subcutaneous, once, Routine
- Nursing Communication
  Order ferrous sulfate 325mg if Post Postpartum Hct less than 30%, T;N
- +1 Hours ferrous sulfate
  325 mg, DR Tablet, PO, wb/s, Routine
  Comments: Hold if Hct greater than or equal to 30% , Special Instructions: Take with food
- +1 Hours zolpidem
  5 mg, Tab, PO, hs, PRN Insomnia, Routine
- +1 Hours ondansetron
  4 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea/Vomiting, Routine
- +1 Hours ondansetron
  4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine
  Comments: May have IV if unable to tolerate PO
- +1 Hours diphenhydramINE
  25 mg, Cap, PO, q4h, PRN Itching, Routine (DEF)*
- 50 mg, Cap, PO, q4h, PRN Itching, Routine
- +1 Hours diphenhydramINE
  12.5 mg, Injection, IV Push, q4h, PRN Itching, Routine (DEF)*
  Comments: May have IV if unable to tolerate PO
- 25 mg, Injection, IV Push, q4h, PRN Itching, Routine
Physician Orders ADULT: OB Postpartum Plan

Comments: May have IV if unable to tolerate PO

+1 Hours lanolin topical cream
1 application, Cream, TOP, prn, PRN Other, specify in Comment
Comments: Apply to breast post feeding

+1 Hours Al hydroxide/Mg hydroxide/simethicone
15 mL, Oral Susp, PO, q6h, PRN Indigestion, Routine

Medications Bowel Care:(NOTE)*

+1 Hours docusate
100 mg, Cap, PO, bid, Routine

+1 Hours simethicone
160 mg, Chew tab, PO, q4h, PRN Gas, Routine

+1 Hours magnesium hydroxide
30 mL, Oral Susp, PO, QDay, PRN Constipation, Routine
Comments: per Laxative of Choice Protocol, offer first

+1 Hours bisacodyl
10 mg, Supp, PR, QDay, PRN Constipation, Routine
Comments: per Laxative of Choice Protocol, offer second

+1 Hours senna
8.6 mg, Tab, PO, QDay, PRN Constipation, Routine
Comments: per Laxative of Choice Protocol, offer third

+1 Hours sodium biphosphate-sodium phosphate enema adult
133 mL, Enema, PR, QDay, PRN Constipation, Routine, 133 mL = Greater than 11 years
Comments: per Laxative of Choice Protocol, offer fourth

Medications Episiotomy Care:(NOTE)*

+1 Hours hydrocortisone-pramoxine 1%-1% rectal foam
1 application, Foam, TOP, tid, PRN Other, specify in Comment, Routine
Comments: for perineal pain, administer only if 3rd or 4th degree laceration/ episiotomy

+1 Hours benzocaine 20% topical spray
1 application, Spray, TOP, qid, PRN Other, specify in Comment, Routine
Comments: perineal pain

+1 Hours glycerin-witch hazel 50% topical pad
1 application, Pad, TOP, prn, PRN Anorectal Pain/Itching, Routine
Comments: perineal pain

Medications Pain:(NOTE)*

+1 Hours acetaminophen
650 mg, Tab, PO, q6h, PRN Pain, Mild or Fever, Routine
Comments: for temp greater than 38 degrees Celsius or mild discomfort; do not exceed max daily dose of 4000mg acetaminophen from all sources

+1 Hours naproxen
500 mg, Tab, PO, q12h, PRN Other, specify in Comment, Routine
Comments: PRN for uterine cramps

NOTE: For MILD pain choose ONE order below:(NOTE)*

+1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine
Comments: Do not exceed max daily dose of 4000mg acetaminophen from all sources

NOTE: For MODERATE pain choose ONE order below:(NOTE)*

+1 Hours acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
Comments: Do not exceed max daily dose of 4000mg acetaminophen from all sources

+1 Hours acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
Physician Orders ADULT: OB Postpartum Plan

2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine

Comments: Do not exceed max daily dose of 4000mg acetaminophen from all sources

☐ +1 Hours HYDROMorphone
0.5 mg, Injection, IV, q2h, PRN Pain, Moderate (4-7), Routine

Comments: pm breakthrough pain. May give if unable to tolerate PO.

NOTE: For SEVERE pain choose order below:(NOTE)*

☐ +1 Hours HYDROMorphone
1 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine

Laboratory
☐ Hematocrit

Routine, T+1;0400, once, Type: Blood

Consults/Notifications/Referrals
☐ Lactation Consult

Routine

☒ Notify Physician For Vital Signs Of

Notify: OB Physician, Heart rate < 60 or greater than 120, SaO2 < 92%, BP systolic < 80 or > 150, BP Diastolic < 50 or > 105, Resp Rate < 12 or > 25, temperature > 38 Celsius, urinary output less than 120mL for four hours

☒ Notify Physician-Continuing

Notify: OB Physician, severe headache, visual changes, altered mental status, epigastric pain, or shortness of breath

C-Section Postpartum Phase

Non Categorized
☒ Add To Problem List

Problem: Postpartum Care

If male infant to be circumcised place order below:(NOTE)*

☐ Consent Signed For

T;N, Procedure: Circumcision

Admission/Transfer/Discharge
☒ Transfer Pt within current facility

Level of Care: Obstetrics, Postpartum

Vital Signs
☒ Vital Signs Per Unit Protocol

Activity
☒ Activity As Tolerated

☑ Ambulate

Ambulate first post op day

Food/Nutrition
☐ Regular Adult Diet

☐ Consistent Carbohydrate Diet

☐ T;N, Caloric Level: 1800 Calorie, Insulin: [ ] No Insulin [ ] Short Acting [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long; Renal Patient: [ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis (DEF)*

☐ T;N, Caloric Level: 2000 Calorie, Insulin: [ ] No Insulin [ ] Short Acting [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long; Renal Patient: [ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis ☒ Clear Liquid Diet

Start at: T;N, Adult (>18 years)

☐ NPO

Patient Care
☒ VTE C-Section SURGICAL Prophylaxis Plan(SUB)*

☑ Advance Diet As Tolerated

start clear liquids and advance to regular diet as tolerated.
DC IV Fluids When Tolerating PO
T;N, convert IV to INT if tolerating PO fluids, when fundus is firm and bleeding is less than or equal to moderate lochia without clots

INT Discontinue
discontinue INT if tolerating PO fluids, when fundus is firm and bleeding is less than or equal to moderate lochia without clots

IV Insert/Site Care
q4day

Indwelling Urinary Catheter Remove
8 hours after delivery

In and Out Cath
PRN, unable to void, on third episode of inability to void, place order for Indwelling Urinary Catheter Insert

Abdominal Binder Apply

Dressing Remove
T;N, remove abdominal dressing in a.m. of first postpartum day (DEF)*
T;N, remove abdominal dressing in a.m. of second postpartum day

Shower
QDay, after abdominal dressing removed

Rh Immune Globulin (RHIG)
T;N, Screen and administer per policy

Encourage Support Bra/Tight Binder
encourage patient to wear snug fitting bra unless breastfeeding.

Incentive Spirometry NSG
q1h-Awake, encourage 10 breaths per hour

Sequential Compression Device Apply
Apply To Lower Extremities (DEF)*
Apply To Lower Extremities, Discontinue SCDs when patient ambulating.

Respiratory Care
Nasal Cannula
Routine PRN, 2 L/min, Special Instructions: Titrate to keep O2 sat equal to or greater than 92%

Continuous Infusion

+1 Hours oxytocin 30 units in NS
30 units / 500 mL, IV, Routine, (for 4 hr ), 40 mL/hr
Comments: Infuse over 4 hours = 160mL total

+1 Hours oxytocin 30 units in NS (Bolus)
500 mL, IV Piggyback, prn, PRN Other, specify in Comment, Routine, (for 1 dose ), ( infuse over 30 min )
Comments: PRN bolus; for uterine bleeding and uterine atony x 1 dose ONLY. Notify MD for additional orders

+1 Hours Lactated Ringers Injection
1,000 mL, IV, Routine, 85 mL/hr
Comments: begin bag after completion of oxytocin infusion

+1 Hours D5LR
1,000 mL, IV, Routine, 85 mL/hr
Comments: begin bag after completion of oxytocin infusion

Medications
Medications General:(NOTE)*
NOTE: If patient is Non- Immune, order measles/mumps/rubella virus vaccine below:(NOTE)*

+1 Hours measles/mumps/rubella virus vaccine
0.5 mL, Injection, Subcutaneous, N/A, Routine
Physician Orders ADULT: OB Postpartum Plan

- Nursing Communication
  
  Order ferrous sulfate 325mg if Post Postpartum Hct less than 30%, T;N

- **+1 Hours** ferrous sulfate
  325 mg, DR Tablet, PO, wb/s, Routine
  Comments: Hold if Hct greater than or equal to 30%, Special Instructions: Take with food.

- **+1 Hours** lanolin topical cream
  1 application, Cream, TOP, prn, PRN Other, specify in Comment
  Comments: Apply to breast post feeding

- **+1 Hours** Al hydroxide/Mg hydroxide/simethicone
  15 mL, Oral Susp, PO, q6h, PRN Indigestion, Routine

- **+1 Hours** acetaminophen
  650 mg, Tab, PO, q4h, PRN Pain, Mild or Fever, Routine
  Comments: for temp greater than 38 degrees Celsius or mild discomfort; do not exceed max daily dose of 4000mg acetaminophen from all sources

Medications Bowel Care:(NOTE)*

- **+1 Hours** docusate
  100 mg, Cap, PO, bid, Routine

- **+1 Hours** simethicone
  160 mg, Chew tab, PO, q4h, PRN Gas, Routine

- **+1 Hours** magnesium hydroxide
  30 mL, Oral Susp, PO, QDay, PRN Constipation, Routine
  Comments: per Laxative of Choice Protocol, offer first

- **+1 Hours** bisacodyl
  10 mg, Supp, PR, QDay, PRN Constipation, Routine
  Comments: per Laxative of Choice Protocol, offer second

- **+1 Hours** senna
  8.6 mg, Tab, PO, QDay, PRN Constipation, Routine
  Comments: per Laxative of Choice Protocol, offer third

- **+1 Hours** sodium biphosphate-sodium phosphate enema adult
  133 mL, Enema, PR, QDay, PRN Constipation, Routine, 133 mL = Greater than 11 years
  Comments: per Laxative of Choice Protocol, offer fourth

Laboratory

- Hematocrit
  Routine, T+1:0400, once, Type: Blood

Consults/Notifications/Referrals

- Lactation Consult
  Routine

- Notify Physician For Vital Signs Of
  Notify: OB Physician, Heart rate < 60 or greater than 120, SaO2 < 92%, BP systolic < 80 or > 150, BP Diastolic < 50 or > 105, Resp Rate < 12 or > 25, temperature > 100.4, urinary output less than 120ml for four hours

- Notify Physician-Continuing
  Notify: OB Physician: severe headache, visual changes, altered mental status, epigastric pain, or shortness of breath

C-Section Regional Anes Phase

Patient Care

- Nursing Communication
  T;N, Obstetrician is primarily responsible for pain meds beginning 24 hours after delivery.

Medications

PRN Pain Medications

- **+1 Days** naproxen
  500 mg, Tab, PO, q12h, PRN Other, specify in Comment
  Comments: PRN for uterine cramps (offset 1 day)
Physician Orders ADULT: OB Postpartum Plan

For MILD pain choose ONE order below:(NOTE)*

☐  +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
   1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3)
   Comments: Do not exceed max daily dose of 4000 mg acetaminophen from all sources.

☐  +1 Hours acetaminophen-oxycodone 325 mg-5 mg oral tablet
   1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3)
   Comments: Do not exceed max daily dose of 4000 mg acetaminophen from all sources.

For MODERATE pain choose ONE order below:(NOTE)*

☐  +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
   2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7)
   Comments: Do not exceed max daily dose of 4000 mg acetaminophen from all sources.

☐  +1 Hours acetaminophen-oxycodone 325 mg-5 mg oral tablet
   2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7)
   Comments: Do not exceed max daily dose of 4000 mg acetaminophen from all sources.

For MODERATE pain in patients unable to tolerate PO meds choose order below:(NOTE)*

☐  +1 Hours HYDROMorphone
   0.25 mg, Injection, IV Push, q20min, PRN Pain, Moderate (4-7), (for 24 hr ), Cumulative total dose of HYDROMorphone = 1 mg q 2hrs.
   Comments: Administer if patient unable to take PO

FOR SEVERE pain choose order below:(NOTE)*

☐  +1 Hours HYDROMorphone
   0.5 mg, Injection, IV Push, q20min, PRN Pain, Severe (8-10), Cumulative total dose of HYDROMorphone = 1 mg q 2hrs

Other PRN Medications

☐  +1 Hours zolpidem
   5 mg, Tab, PO, hs, PRN Insomnia
   Comments: May repeat x 1 dose in 60 minutes if needed.

☐  +1 Hours ondansetron
   4 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea/Vomiting

☐  +1 Hours ondansetron
   4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting
   Comments: May have IV if unable to tolerate PO

☐  +1 Hours diphenhydRAMINE
   25 mg, Tab, PO, q4h, PRN Itching

☐  +1 Hours diphenhydRAMINE
   12.5 mg, Injection, IV Push, q4h, PRN Itching
   Comments: May have IV if unable to tolerate PO

C-Section General Anes Pain Meds Phase Medications

☐  PCA - MorPHINE Protocol Plan (Adult)(SUB)*

☐  PCA - HYDROmophrone Protocol Plan (Adult)(SUB)*
   Medications Pain:(NOTE)*

☐  +1 Days naproxen
   500 mg, Tab, PO, q12h, PRN Other, specify in Comment, Routine
   Comments: PRN for uterine cramps
   NOTE: For MILD pain choose ONE order below:(NOTE)*

☐  +1 Hours acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
   1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine
   Comments: Do not exceed max daily dose of 4000mg acetaminophen from all sources

☐  +1 Hours acetaminophen-oxycodone 325 mg-5 mg oral tablet
   1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine
   Comments: Do not exceed max daily dose of 4000mg acetaminophen from all sources
   NOTE: For MODERATE pain choose ONE order below:(NOTE)*
**Physician Orders ADULT: OB Postpartum Plan**

☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
  2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
  Comments: Do not exceed max daily dose of 4000mg acetaminophen from all sources

☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
  2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine
  Comments: Do not exceed max daily dose of 4000mg acetaminophen from all sources

☐ **+1 Hours** HYDROMorphone
  0.5 mg, Injection, IV Push, q2h, PRN Pain, Moderate (4-7), Routine
  Comments: May have IV if unable to tolerate PO

**NOTE:** For SEVERE pain choose order below:(NOTE)*

☐ **+1 Hours** HYDROMorphone
  1 mg, Injection, IV Push, q2h, PRN Pain, Severe (8-10), Routine

**Other PRN Medications**

☐ zolpidem
  5 mg, Tab, PO, hs, PRN Insomnia
  Comments: May repeat x 1 in 60 minutes if needed

☐ **+1 Hours** ondansetron
  4 mg, Orally Disintegrating Tab, PO, q6h, PRN Nausea/Vomiting, Routine

☐ **+1 Hours** ondansetron
  4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine
  Comments: May have IV if unable to tolerate PO

☐ **+1 Hours** diphenhydRAMINE
  25 mg, Cap, PO, q4h, PRN Itching, Routine

☐ **+1 Hours** diphenhydRAMINE
  12.5 mg, Injection, IV Push, q4h, PRN Itching, Routine
  Comments: May have IV if unable to tolerate PO

**PreEclampsia/Eclampsia Postpartum Phase**

**Vital Signs**

☑ Vital Signs
  Routine, Per Magnesium Sulfate Policy and include: BP, HR, RR, DTRs, O2 Sat, LOC, and breath sounds.

**Activity**

☑ Bedrest

☐ Bedrest

**Food/Nutrition**

☑ NPO
  Instructions: NPO except for ice chips Instructions: NPO except for medications

☐ Clear Liquid Diet
  Start at: T;N, Adult (>18 years)

**Patient Care**

☑ Intake and Output
  q1h(std)

☑ Indwelling Urinary Catheter Insert-Follow Removal Protocol
  bag with urometer

☑ Indwelling Urinary Catheter Care

☑ Seizure Precautions

☐ O2 Sat Monitoring NSG
  continuous

☑ Nursing Communication
  Notify the provider and Pediatrician and stop Magnesium Sulfate infusion for symptoms of
Physician Orders ADULT: OB Postpartum Plan

Magnesium toxicity: absent reflexes, RR < 12 bpm, UOP < 30mL/hr, decreased LOC, muscle weakness, hypotension, SOB, and respiratory or cardiac arrest., T;N

☐ Nursing Communication
   T;N, Upon completion of magnesium sulfate bolus, place order for magnesium level q6h while receiving magnesium.

Continuous Infusion

☐ +1 Hours Lactated Ringers Injection
   1,000 mL, IV, Routine, 50 mL/hr
   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: 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, (for 1 dose), (infuse over 1
   Comments: Administer with MD Supervision, signs & symptoms of magnesium toxicity

Laboratory

☐ CBC
   STAT, T;N, once, Type: Blood

☐ PT/INR
   Routine, T;N, once, Type: Blood

☐ PTT
   Routine, T;N, once, Type: Blood

☐ CMP
   Routine, T;N, once, Type: Blood

☐ Fibrinogen Level
   Routine, T;N, once, Type: Blood

☐ Uric Acid Level
   Routine, T;N, once, Type: Blood

☐ Urinalysis w/Reflex Microscopic Exam
   Routine, T;N, once, Type: Urine, Nurse Collect

☐ Creatinine Clearance 24 hr Urine
   Routine, 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
Physician Orders ADULT: OB Postpartum Plan

☑ 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, or changes in neurologic or respiratory status

☐ Physician Consult

Readmission Postpartum Phase

Vital Signs
☑ Vital Signs

Activity
☑ Bedrest
Options: w/BRP
☐ Bedrest
☐ Out Of Bed
Up Ad Lib

Food/Nutrition
☑ NPO
Instructions: NPO except for ice chips Instructions: NPO except for medications
☐ Regular Adult Diet
☐ Consistent Carbohydrate Diet
☐ T,N, Caloric Level: 1800 Calorie, Insulin: [ ] No Insulin [ ] Short Acting [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long; Renal Patient: [ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis (DEF)*
☐ T,N, Caloric Level: 2000 Calorie, Insulin: [ ] No Insulin [ ] Short Acting [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long; Renal Patient: [ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis

☐ Clear Liquid Diet
Start at: T,N, Adult (>18 years)

Patient Care
☐ VTE MEDICAL Prophylaxis Plan(SUB)*
☐ IV Insert/Site Care
q4day, Preferred Gauge: 18G
☐ Intake and Output
q8h(std)
☐ Sequential Compression Device Apply
Apply To Lower Extremities

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

Laboratory
☐ CBC w/o Diff
Routine, T,N, once, Type: Blood
☐ Type and Screen
Routine, T,N, Type: Blood

Consults/Notifications/Referrals
☐ Notify Physician-Once
Notify For: notify of room number on arrival
☐ Notify Physician-Once
Notify For: ____________________________
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

*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