



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
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

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 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
PRN
- 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
- +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)*
- +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





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: prn 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.





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- 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 - HYDROMorphone 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
Medications(NOTE)*

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
Options: w/BRP

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 min), (OB only)
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: _____





Physician Orders ADULT: OB Postpartum Plan

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

