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
  - Options: w/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
- Indwelling Urinary Catheter Insert-Follow Removal Protocol
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- 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 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

Prenatal Lab includes the following orders:(NOTE)*

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

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
- Complete Pre-op Checklist
  - T;N

Medications

- +1 Hours acetaminophen
  - 975 mg, Tab, PO, N/A, Routine, preop on call to C-section
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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
   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
Physician Orders ADULT: OB Intrapartum Plan

☐ 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: Comment: 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

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
Physician Orders ADULT: OB Intrapartum Plan

- maintain patient in the lateral recumbant position with head slightly elevated for 2 hours after insertion of dinoprostone.

**Bedrest**

- Options: 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
  - Options: w/BRP, prior to insertion of misoprostol (Cytotec) and 2 hours after insertion of misoprostol.

**Food/Nutrition**

- NPO after midnight
- NPO
- 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.
Physician Orders ADULT: OB Intrapartum Plan

☐ 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

*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