



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: _____
- 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
- RPR Screen





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- 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
- 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





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- 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

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





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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 misotprostol., 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.





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- 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
+1 Hours miSOPROStol 50 mcg, Tab, VAG, q6h, Routine
+1 Hours zolpidem 5 mg, Tab, PO, hs, PRN Sleep, Routine
+1 Hours acetaminophen 650 mg, Tab, PO, q4h, PRN Headache, Routine

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

