

## METHOTREXATE ECTOPIC PREGNANCY

### VTE PROPHYLAXIS ORDERS (PRINT VERSION)

A VTE Risk Assessment and appropriate treatment or a contraindication to treatment is required for all patients. Patient has the following VTE Risk:

- Low VTE Risk (No prophylaxis needed)
- Moderate VTE Risk (Please Order EITHER mechanical (SCD) or pharmacological prophylaxis)
- High VTE Risk (Please Order BOTH mechanical (SCD) or pharmacological prophylaxis)

#### Contraindications

#### Reason for withholding Mechanical VTE prophylaxis (check one)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hypervolemia                            | <input type="checkbox"/> Congestive/Chronic heart failure | <input type="checkbox"/> Sensory neuropathy                                       |
| <input type="checkbox"/> Edema of leg                            | <input type="checkbox"/> Palliative care                  | <input type="checkbox"/> Refusal of treatment by patient                          |
| <input type="checkbox"/> Surgical procedure on lower extremity   | <input type="checkbox"/> Injury of lower extremity        | <input type="checkbox"/> At risk for falls  |
| <input type="checkbox"/> Comfort measures                        | <input type="checkbox"/> Dermatitis                       | <input type="checkbox"/> Skin graft disorder                                      |
| <input type="checkbox"/> Amputee-limb                            | <input type="checkbox"/> Peripheral ischemia              | <input type="checkbox"/> Peripheral vascular disease                              |
| <input type="checkbox"/> Deep vein thrombosis of lower extremity | <input type="checkbox"/> Deformity of leg                 | <input type="checkbox"/> History of occlusive arterial disease of lower extremity |
| <input type="checkbox"/> Suspected deep vein thrombosis          | <input type="checkbox"/> Treatment not tolerated          |   |
|  | <input type="checkbox"/> Vascular insufficiency of limb   |   |

#### Reason for withholding Pharmacologic VTE prophylaxis (check one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Blood coagulation disorders      | <input type="checkbox"/> Palliative care (for end of life) | <input type="checkbox"/> At risk for falls               |
| <input type="checkbox"/> Bleeding or at risk for bleeding | <input type="checkbox"/> Comfort measures                  | <input type="checkbox"/> Hemorrhagic cerebral infarction |
| <input type="checkbox"/> Renal impairment                 | <input type="checkbox"/> Anticoagulant allergy             | <input type="checkbox"/> Medications refused             |
| <input type="checkbox"/> Anticoagulation not tolerated    | <input type="checkbox"/> Platelet count below ref          |  |

- Leg compression device to be placed within 4 hours

\*\*For Medical patient, dose should be given at 2100 daily. [Evidence](#)

- Enoxaparin (Lovenox) 40 mg SubQ daily. Start today at 21:00. Pharmacy to adjust per renal dosing protocol. May use baseline PLTS if today's PLTS not yet available.

#### ADMIT – Select Only One

- Place in Observation Status Reason to admit/place: \_\_\_\_\_  
(The physician must document the reason for observation (INo).
- Admit as Inpatient. Preferred unit: \_\_\_\_\_  
Reason to admit: \_\_\_\_\_  
(The physician must document the reason for inpatient).

#### CODE STATUS

REMINDER: For DNAR status complete separate DNAR Physician Orderset

#### SKIN TREATMENT AND PREVENTION

- Initiate designated skin set: If Braden score of 18 or less initiate Skin Treatment and Prevention short set. For any other skin issues initiate designated skin order set(s).

#### NURSING

- Monitor Intake and Output
- Notify OB/GYN physician for:
  - bleeding (i.e. soaking > 1 peri pad/Hr)
  - increased abdominal cramping
  - increased pain

METHOTREX ECTOPIC PREG OS V17\_11.15.12 OK FOR PRINTING

MEDITECH NAME: GYN METHOTREXATE ECTOPIC PREG

MEDITECH MNEUMONIC: OB.MEP

ZYNX-NONE

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- Insert indwelling urinary catheter for bladder distention and inability to void
- Blood glucose monitoring (BGM)-AC and HS

**ACTIVITY**

- May shower

**NUTRITION**

- Advance diet as tolerated
- NPO

**IV FLUIDS**

- Dextrose 5% / Lactated Ringers IV to run at 125 mL/Hr
- Sodium Chloride 0.9% IV to run at 125 mL/Hr

**MEDICATIONS**

- Methotrexate Dosing Per Pharmacy. Methotrexate 50 mg/m<sup>2</sup>, Max 100 mg/dose IM x 1 dose.  
Pharmacy to calculate patients BSA and total dose. Pharmacy to write orders for Methotrexate total dose.

Analgesic/Antipyretic medications: Mild Pain/HA/Fever

Reminder: For PCA orders – Use appropriate PCA order form

- Acetaminophen (Tylenol) 650 mg Po Q 6 Hrs Prn HA, mild pain (scale 1-3) or Temp > 100.4° F. If patient is on PCA, give for pain when PCA is being discontinued.(Total Acetaminophen not to exceed 4,000 mg/24 Hrs)
- Acetaminophen Supp (Tylenol) 650 mg PR Q 6 Hrs Prn HA, mild pain (scale 1-3) or Temp > 100.4° F if patient is unable to take Po acetaminophen (if ordered). If patient is on PCA, give for pain when PCA is being discontinued. (Total Acetaminophen not to exceed 4,000 mg/24 Hrs)

Analgesic medications: Moderate Pain \*Physician to select **ONE** drug only\*

- Norco 5-325 (Hydrocodone 5 mg/Acetaminophen 325 mg) 1 Tab Po Q 4 Hrs Prn moderate pain (scale 4-6). If ineffective after 1 Hr, give 1 additional Tab, then may give 2 Tabs Po Q 4 Hrs Prn moderate pain thereafter. If patient is on PCA, start when PCA is being discontinued.  
(Total Acetaminophen not to exceed 4,000 mg/24 Hrs)
- Percocet 5-325 (Oxycodone 5 mg/Acetaminophen 325 mg) 1 Tab Po Q 4 Hrs Prn moderate pain (scale 4-6). If ineffective after 1 Hr, give 1 additional Tab, then may give 2 Tabs Po Q 4 Hrs Prn moderate pain thereafter. If patient is on PCA, start when PCA is being discontinued. (Total Acetaminophen not to exceed 4,000 mg/24 Hrs).

Analgesic medications: Severe Pain \*Physician to select **ONE** drug only\*

- Morphine 2 mg IV Push Q 2 Hrs Prn severe pain (scale 7-10). If ineffective after 30 mins, give severe breakthrough pain medications (if ordered). If patient is on PCA, start when PCA is being discontinued. May give IM if no IV access.
- HYDROmorphone (Dilaudid) 0.4 mg IV Push Q 2 Hrs Prn severe pain (scale 7-10). If ineffective after 30 mins, give severe breakthrough pain medications (if ordered). If patient is on PCA, start when PCA is being discontinued. May give IM if no IV access.

Analgesic medications: Severe Breakthrough Pain \*Physician to select **ONE** drug only\*

- MorphINE 1 mg IV Push Q 30 mins Prn severe breakthrough pain (scale 7-10) up to a maximum of 2 doses in a 2 Hr period. If patient is on PCA, start when PCA is being discontinued. May give IM if no IV access.
- HYDROmorphone (Dilaudid) 0.2 mg IV Push Q 30 mins Prn severe breakthrough pain (scale 7-10) up to a maximum of 3 doses in a 2 Hr period. If patient is on PCA, start when PCA is being discontinued. May give IM if no IV access.

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CNS medications: Hypnotics

- Zolpidem (Ambien) 10 mg Po at bedtime Prn insomnia.

Respiratory medications: Smoking Cessation

**\*\*For smoking Hx < or = 10 cigarettes/day, or pts < 45 Kg, or pts WITH cardiovascular disease, use 14 mg dose**

- Nicotine Transdermal Patch 14 mg/24 Hrs topically to chest wall daily

**\*\*For smoking Hx > 10 cigarettes/day, and pts > or = 45 Kg, and pts withOUT cardiovascular disease, use 21 mg dose**

- Nicotine Transdermal Patch 21 mg/24 Hrs topically to chest wall daily

GI medications: Anti-emetics

- ProCHLORperazine (Compazine) 10 mg IV Push Q 6 Hrs Prn N&V. If ondansetron Prn is also ordered, give ondansetron first. If ondansetron ineffective after 30 mins, give proCHLORperazine as ordered. May give IM if no IV access.

**\*\*Physician to select only ONE of the following Ondansetron orders**

- Ondansetron (Zofran) ODT 8 mg SubL Q 8 Hrs Prn N&V. If ineffective after 30 mins, give proCHLORperazine if ordered.
- Ondansetron (Zofran) 4 mg IV Push Q 12 Hrs Prn N&V. If ineffective after 30 mins, give proCHLORperazine if ordered. May give IM if no IV access.
- Ondansetron (Zofran) 8 mg IVPB Q 8 Hrs Prn N&V. If ineffective after 30 mins, give proCHLORperazine if ordered.

Other medications

- DiphenhydrAMINE (Benadryl) 25 mg Po Q 6 Hrs Prn itching. If ineffective after 60 mins, give DiphenhydrAMINE (Benadryl) 25 mg Po x 1 dose.
- DiphenhydrAMINE (Benadryl) 25 mg IV Push Q 6 Hrs Prn itching if pt unable to take Po DiphenhydrAMINE (if ordered). If ineffective after 60 mins, give DiphenhydrAMINE (Benadryl) 25 mg IV Push x 1 dose.
- If mother is Rh negative, administer Rho (D) Immune Globulin (RhoGAM) 300 mCg (1 syringe) IM x 1 dose.

**\*All labs/diagnostics will be drawn/done routine now unless otherwise specified**

**BLOOD BANK**

- Blood Type and Screen
- RH Immune Globulin RHOGAM

**LABORATORY - Hematology**

- Complete Blood Count (CBC)

**LABORATORY - Chemistry**

- Complete Metabolic Panel (CMP)

**LABORATORY - Miscellaneous**

- HCG Pregnancy Quantitative

**DIAGNOSTICS -Ultrasonography**

- US Transvaginal Pelvic- now. Reason for exam: Evaluate/confirm diagnosis of ectopic pregnancy
- US OB complete < 14 weeks-now

**REQUESTS FOR SERVICE**

- Consult to Case Management
- Consult to Social Services

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