

OB - FETAL DEMISE LATE POST

REMINDER: Use these orders for fetus > 16 weeks size

VTE PROPHYLAXIS ORDERS

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 Surgical patient, dose should be given at 0600 daily. [Evidence](#)

- Enoxaparin (Lovenox) 40 mg SubQ daily. Start tomorrow at 0600. Pharmacy to adjust per renal dosing protocol. May use baseline PLTS if today's PLTS not yet available.

ADMIT

- Admit as Inpatient. Preferred unit: _____

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

- If unable to void within 6 Hrs, perform in and out catheterization x 1. If necessary to catheterize a second time, insert indwelling urinary catheter and notify MD - Reason: Inability to void post delivery
- Sitz Bath Prn perineal discomfort
- DC IV line if criteria met: patient is afebrile, tolerating Po intake, and no excessive vaginal bleeding.
- Obtain consent for fetal autopsy. Reason for autopsy: _____
- Apply telemetry monitoring

OB - FETAL DEMISE LATE POST V8 10.18.12 OK FOR PRINTING

MEDITECH NAME: OB FETAL DEMISE LATE POST

Mnemonic: OB.FDLAP

ZYNX- NONE

Sponsor: M Genova/Kanofsky

V:\SJO Ordersets\Order Sets\Print versions

May leave floor without telemetry

ACTIVITY

May shower when stable

NUTRITION

Advance diet as tolerated to _____ diet

Regular diet

IV FLUIDS

Saline lock IV if tolerating Po fluids, Temp < 100.4° F, and PCA not required. Saline Flush 2 mL IV Push Q 8 Hrs and after each IV medication dose. RN to contact pharmacy to DC saline lock orders when IV line is DC.

MEDICATIONS

Medications for Excessive Bleeding

Oxytocin (Pitocin) 10 units in Lactated Ringers 500 mL IV to run at 200 mL/Hr Prn excessive vaginal bleeding and/or uterine atony still present. Notify MD if given.

Misoprostol (Cytotec) 1,000 mCg PR x 1 Prn excessive bleeding not controlled by Oxytocin (Pitocin). Notify MD if given.

Methylergonovine (Methergine) 0.2 mg IM x 1 Prn excessive bleeding not controlled by Oxytocin (Pitocin) and Misoprostol (Cytotec); Hold if pt has a History of HTN. Notify MD if given.

Carboprost (Hemabate) 250 mCg IM x 1 Prn excessive bleeding not controlled by Oxytocin (Pitocin), Misoprostol (Cytotec), and Methylergonovine (Methergine); Hold if pt has Hx of asthma. Notify MD if given.

Analgesic/Antipyretic medications: Mild Pain/HA/Fever

Acetaminophen (Tylenol) 650 mg Po Q 4 Hrs Prn HA, mild pain (scale 1-3), or Temp > 101 °F. (Total acetaminophen not to exceed 4,000 mg/24 Hrs)

Analgesic medications: Moderate Pain

Percocet 5-325 (OxyCODONE 5 mg/Acetaminophen 325 mg) 1 Tab Po Q 3 Hrs Prn moderate pain (scale 4-6). If ineffective after 1 Hr, give 1 additional Tab, then may give 2 Tabs Po Q 3 Hrs Prn moderate pain thereafter.

Analgesic medications: Severe Pain

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

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.

Analgesic medications: NSAIDS *Physician to select **ONE** Ibuprofen order only*

Ibuprofen (Motrin) 600 mg Po Q 6 Hrs while awake.

Ibuprofen (Motrin) 600 mg Po Q 6 Hrs Prn cramping or pain. Give in addition to narcotic analgesics (if ordered). If Acetaminophen (Tylenol) is also ordered for mild pain use Ibuprofen (Motrin) instead of Acetaminophen (Tylenol) for pain.

OB - FETAL DEMISE LATE POST V8 10.18.12 OK FOR PRINTING

MEDITECH NAME: OB FETAL DEMISE LATE POST

Mnemonic: OB.FDLAP

ZYNX- NONE

Sponsor: M Genova/Kanofsky

V:\SJO Ordersets\Order Sets\Print versions

- Ibuprofen (Motrin) 800 mg Po Q 6 Hrs while awake.
- Ibuprofen (Motrin) 800 mg Po Q 6 Hrs Prn cramping or pain. Give in addition to narcotic analgesics (if ordered). If Acetaminophen (Tylenol) is also ordered for mild pain use Ibuprofen (Motrin) instead of Acetaminophen (Tylenol) for pain.

CNS medications: Hypnotics

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

GI medications: Laxatives/Stool Softeners/etc

- Maalox Plus (aluminum/magnesium/simethicone) 30 mL Po Q 4 Hrs Prn indigestion (product contains magnesium salts).
- Docusate (Colace) 200 mg Po daily (stool softener). Hold for loose stool
- Milk of Magnesia (MOM) 30 mL Po daily Prn constipation (product contains magnesium salts).
- Bisacodyl (Dulcolax) suppository 10 mg PR daily Prn constipation if MOM (if ordered) is not effective.
- Witch hazel pads (Tucks) Apply externally to perineum Prn discomfort or after each bowel movement, up to 6 times daily (may keep at bedside)
- Benzocaine 20% (Dermoplast) topical spray. Apply externally to perineum Prn discomfort up to 6 times daily (may keep at bedside)
- Hydrocortisone/Pramoxine rectal cream 2.5%. Apply to hemorrhoid(s) QID Prn hemorrhoid pain (may keep at bedside)

Other medications:

- Ammonia inhalant x 1 dose Prn fainting
- Diphenhydramine (Benadryl) 50 mg Po Q 6 Hrs Prn itching

Check Prenatal Records prior to ordering the following medications

REMINDER: For patients who are Rh-negative and without anti-D antibodies, anti-D immunoglobulin should be administered within 72 Hrs following delivery.

- Tdap (Diphtheria Toxoid, Tetanus Toxoid, and Acellular Pertussis Vaccine) 0.5 mL IM x 1 if indicated per screening criteria.
- Measles-mumps-rubella vaccine (M-M-R® II) 0.5 mL SubQ x 1 if indicated per screening criteria.
- If mother is Rh negative, not already sensitized, administer Rho (D) Immune Globulin (RhoGAM) 300 mCg (1 syringe) IM x 1 dose within 72 Hrs following delivery once confirmed by Blood Bank based on the Kleihauer Betke assay result. If Blood Bank recommends a higher dose based on assay results, RN to contact MD to obtain order for the Rhogam dose as per Blood Bank recommendations.

Other medications: _____

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

LABORATORY- Hematology

- Complete Blood Count (CBC)
- Fibrinogen

LABORATORY – Toxicology

- Drug screen rapid urine

DIAGNOSTICS-Ultrasonography

OB - FETAL DEMISE LATE POST V8 10.18.12 OK FOR PRINTING
 MEDITECH NAME: OB FETAL DEMISE LATE POST
 Mnemonic: OB.FDLAP
 ZYNX- NONE
 Sponsor: M Genova/Kanofsky
 V:\SJO Ordersets\Order Sets\Print versions

Ultrasound OB limited. Reason for exam: Confirm Miscarriage

REQUESTS FOR SERVICE

Consult for Case Management

Consult for Social Services