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)

Reason for withholding Mechanical VTE prophylaxis (check one)
☐ Hypervolemia  ☐ Congestive/Chronic heart failure
☐ Edema of leg  ☐ Palliative care
☐ Surgical procedure on lower extremity  ☐ Injury of lower extremity
☐ Comfort measures  ☐ Dermatitis
☐ Amputee-limb  ☐ Peripheral ischemia
☐ Deep vein thrombosis of lower extremity  ☐ Deformity of leg
☐ Suspected deep vein thrombosis  ☐ Treatment not tolerated
☐ Vascular insufficiency of limb

Reason for withholding Pharmacologic VTE prophylaxis (check one)
☐ Blood coagulation disorders  ☐ Palliative care (for end of life)
☐ Bleeding or at risk for bleeding  ☐ Comfort measures
☐ Renal impairment  ☐ Anticoagulant allergy
☐ Anticoagulation not tolerated  ☐ Platelet count below ref
☐ Sensory neuropathy  ☐ Refusal of treatment by patient
☐ At risk for falls  ☐ Skin graft disorder
☐ Peripheral vascular disease  ☐ History of occlusive arterial disease
☐ Deep vein thrombosis of lower extremity  ☐ Congestive/Chronic heart failure
☐ Suspected deep vein thrombosis  ☐ Palliative care
☐ Coagulation disorders  ☐ At risk for falls
☐ Bleeding or at risk for bleeding  ☐ Renal impairment
☐ Anticoagulation not tolerated  ☐ Anticoagulant allergy
☐ Platelet count below ref  ☐ At risk forfalls
☐ Hemorrhagic cerebral infarction
☐ Medication refusal
☐ 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
☐ 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**

☐ HYDROmorphine (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**

☐ HYDROmorphine (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.
- 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-Ultrasoundography**

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:\SJOSOrdersets\Order Sets\Print versions
☐ Ultrasound OB limited. Reason for exam: Confirm Miscarriage

REQUESTS FOR SERVICE
☒ Consult for Case Management
☒ Consult for Social Services