

OB VAGINAL RECOVERY/POST- PARTUM SS
Vaginal Delivery Recovery and Post-Partum Vaginal Delivery Orders

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 OB patients, dose should be given 24 Hrs after delivery if indicated. [Evidence](#)

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

CODE STATUS

REMINDER - For DNAR status complete separate DNAR Physician Order Set

NURSING

REMINDER: If patient desires infant to be circumcised, please complete circumcision short set using the BABY'S RECORD/CHART.

- In and out catheterization if bladder distended or if unable to void in L&D
- Transfer to MBU from L&D when discharge criteria met
- If unable to void within 6 Hrs, perform in and out cath x 1 in MBU. 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 in MBU
- May be escorted to CHOC to visit newborn Prn in MBU
- Notify Lactation Consultant if patient meets criteria in MBU
- DC IV line if criteria met: If patient is afebrile, tolerating Po intake, and has no excessive vaginal bleeding in MBU
- Apply abdominal binder Prn in MBU
- Apply heating pad to Prn in MBU
- May have pet therapy Prn in MBU

ACTIVITY

- May shower when stable in MBU

NUTRITION

- Advance Diet as Tolerated to Regular Diet
- NPO

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'd. ***For Mother Baby Unit (MBU) use only***

MEDICATIONS

Post Partum Medications

- Oxytocin (Pitocin) 10 units in Lactated Ringers 500 mL IV Prn vaginal bleeding and/or uterine atony. Infuse one bag at 125 mL/Hr on ALL patients. Infuse a second bag at 125 mL/Hr if there is uterine atony and/or vaginal bleeding. Infuse a third bag at 200 mL/Hr if there is excessive vaginal bleeding and/or uterine atony still present. Notify MD if third bag is hung.
- 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. [Evidence](#)
- 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 [Evidence](#)

- 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). 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. 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. ***For Mother Baby Unit (MBU) use only***

GI medications: Laxatives/Stool Softeners/etc

- Maalox Plus (aluminum/magnesium/simethicone) 30 mL Po Q 4 Hrs Prn indigestion

RECOVERY/ OB VAGINAL RECOVERY POST- PARTUM SS MOCK UP V3 11.16.12 OK FOR PRINTING

MEDITECH NAME:

MEDITECH MNEMONIC:

ZYNX- VAG DELIVERY POST

Terry Zeilinger/Kanofsky

V:\SJO ORDERSETS\ORDER SETS\OB-GYN

- (product contains magnesium salts). ***For Mother Baby Unit (MBU) use only***
- Docusate (Colace) 200 mg Po daily (stool softener). Hold for loose stool.
For Mother Baby Unit (MBU) use only
 - Milk of Magnesia (MOM) 30 mL Po daily Prn constipation (product contains magnesium salts).
For Mother Baby Unit (MBU) use only
 - Bisacodyl (Dulcolax) suppository 10 mg PR daily Prn constipation if MOM (if ordered) is not effective. Hold if patient had a 3th or 4th degree laceration. ***For Mother Baby Unit (MBU) use only***
 - Witch hazel pads (Tucks) Apply externally to perineum Prn discomfort or after each bowel movement, up to 6 times daily (may keep at bedside). ***For Mother Baby Unit (MBU) use only***
 - Benzocaine 20% (Dermoplast) topical spray. Apply externally to perineum Prn discomfort up to 6 times daily (may keep at bedside). ***For Mother Baby Unit (MBU) use only***
 - Hydrocortisone/Pramoxine rectal cream 2.5%. Apply to hemorrhoid(s) QID Prn hemorrhoid pain (may keep at bedside). ***For Mother Baby Unit (MBU) use only***

Other medications:

- Lanolin Ointment. Apply sparingly to nipple(s) after breast-feeding Prn soreness (may keep at bedside)
For Mother Baby Unit (MBU) use only
- 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 postpartum patients who are Rh-negative and without anti-D antibodies, anti-D immunoglobulin should be administered within 72 Hrs following the birth of an Rh-positive infant [Evidence](#)

- If mother is Rh negative, not already sensitized, and baby is Rh positive, administer Rho (D) Immune Globulin (RhoGAM) 300 mcg (1 syringe) IM x 1 dose within 72 Hrs following the birth once confirmed by Blood Bank based on the fetal screen and 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. ***For Mother Baby Unit (MBU) use only***
- Tdap (Diphtheria Toxoid, Tetanus Toxoid, and Acellular Pertussis Vaccine) 0.5 mL IM x 1 if indicated per screening criteria. ***For Mother Baby Unit (MBU) use only*** [Evidence](#)
- Measles-mumps-rubella vaccine (M-M-R® II) 0.5 mL SubQ x 1 if indicated per screening criteria.
For Mother Baby Unit (MBU) use only

Other medications: _____

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

BLOOD BANK

- Obtain cord blood sample at delivery. Send to blood bank for infant security purposes at delivery. RN to check prenatal record for mother's blood type (Blood Bank hold clot), if mom is Rh negative, RN to order newborn's blood type on cord blood using newborn's medical record number in L&D
- RN to order Rh Immune Globulin screen if indicated in MBU

LABORATORY – Hematology

REMINDER: For MBU

- Complete Blood Count (CBC) - In AM at 0600

MICROBIOLOGY

REMINDER: This is a placental culture to be done in L&D

- Cultures for aerobes and anaerobes from fetal side of placenta

PATHOLOGY

- RN to collect specimen: Send placenta to pathology for gross and micro utilizing a Universal Requisition in L&D