

OB ADMIT ANTE/TRANSF/HIGH RISK

Antepartum- High Risk

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

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)
- Transfer patient to: _____

DIAGNOSIS _____

CODE STATUS

REMINDER: For DNAR status complete separate DNAR Physician Order Set

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

- Apply external fetal monitor (EFM) Prn for Uterine Contractions (UC)
- Apply heating pad PRN
- Non stress test (NST) daily to be read by Perinatologist
- Assess fetal heart tone (FHT) Q Shift
- Assess fetal heart tone (FHT) Q 4 Hrs
- Monitor for uterine contractions (UC) daily
- In and Out/ Straight catheterization for specimen collection

ACTIVITY

REMINDER: If there are no restrictions nursing will ambulate the patient at least four times a day per policy PC-112

- Activity Restrictions: Bed Rest with Bathroom Privileges
- May Shower
- Trapeze to bed

RESPIRATORY

- Oxygen 10L mask Prn

NUTRITION

- Regular Diet
- NPO
- Clear Liquid Diet
- Diabetic 2200 Calorie Diet

IV FLUIDS

- Lactated Ringers IV to run at 500 mL/Hr x 1 Hr, then to run at 125 mL/Hr.
- Sodium Chloride 0.9% IV to run at 500 mL/Hr x 1 Hr, then to run at 125 mL/Hr.
- Saline lock IV if tolerating Po fluids, Temp < 100.4° F, HCT > 30, and PCA not required. Saline Flush Peripheral IV with 2 mL IV Push Q 8 Hrs and after each IV medication dose. RN to contact Pharmacy to DC IV Fluid order(s) when IV Fluid is converted to saline lock.

MEDICATIONS

Analgesic medications

- Acetaminophen (Tylenol) 650 mg Po Q 6 Hrs Prn HA or mild pain (scale 1-3).
Total Acetaminophen not to exceed 4,000 mg/24 Hrs
- Lidocaine (Xylocaine) 1% 0.2 mL intradermally Prn IV start

CNS medications: Hypnotics

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

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.

GI medications: Laxatives/Stool Softeners/etc

- Docusate sodium (Colace) 100 mg Po at bedtime (stool softener). Hold for loose stool.
- Maalox Plus (aluminum/magnesium/simethicone) 30 mL Po Q 4 Hrs Prn indigestion (product contains magnesium salts)
- Milk of Magnesia (MOM) 30 mL Po at bedtime Prn constipation (product contains magnesium salts)

GU medications: Tocolytics [Evidence](#)

- NIFEdipine (Procardia) 10 mg Po Q 6 Hrs x 48 Hrs
- Indomethacin (Indocin) 50 mg Po x 1 dose now (Do not give if pt is \geq 32 weeks gestation)
- Indomethacin (Indocin) 25 mg Po Q 6 Hrs x 8 doses for pre-term labor. 1st dose 6 hrs after 50 mg dose. (Do not give if pt is \geq 32 weeks gestation)
- Terbutaline (Brethine) 0.25 mg SubQ x 1 Prn contractions Q 10 mins or closer. MR x 1 in 20 mins if UC's persist and HR < 120

ANTEPARTUM HIGH RISK OS V25_10.22.12.OK FOR PRINTING

ZYNX- Preterm Labor SS

MICHELLE GENOVA/KANOFISKY

MEDITECH NAME: OB ANTE/TRANSF/HIGH RISK

MEDITECH MNEMONIC: OB.ANTEP

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Endocrine medications: Steroids *Physician to select **ONE drug only*** [Evidence](#)

- Betamethasone suspension (Celestone Soluspan) 12 mg IM Q 24 Hrs x 2 doses, unless delivery occurs prior. Do not give until CBC (if ordered) is collected.
- Dexamethasone (Decadron) 6 mg IM Q 12 Hrs X 4 doses, unless delivery occurs prior. Do not give until CBC (if ordered) is collected.

Other medications

- Ferrous sulfate 325 mg Po at bedtime
- Prenatal Vitamin 1 Tab Po at bedtime

Other medications: _____

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

BLOOD BANK

- Type and Screen

LABORATORY - Hematology

REMINDER: Prior to steroid administration if ordered

- Complete Blood Count (CBC) - STAT

LABORATORY - Chemistry

REMINDER: If no vaginal exam or intercourse in 24 hrs

- Fetal Fibronectin
- Rupture of Fetal Membranes Test

LABORATORY - Urine

- Urinalysis (UA)

MICROBIOLOGY

- GBS Strep Genital Culture
- Urine Culture

DIAGNOSTICS - Ultrasonography

- Biophysical Profile; Reason for exam: _____
- Umbilical Fetal Art Doppler; Reason for exam: _____
- OB Limited (OBL); Reason for exam: _____
- OB Complete \geq 14 weeks; Reason for exam: _____
- OB Fluid Quantification AFI; Reason for exam: _____
- OB Transvaginal; Reason for exam: _____
- OB ea addtl Gest \geq 14 weeks; Reason for exam: _____
- Echocardiogram Fetal; Reason for exam: _____
- Amniocentesis Guidance; Reason for exam: _____
- Gallbladder Only; Reason for exam: _____
- Renal /Retroperitoneal; Reason for exam: _____
- Abdomen complete; Reason for exam: _____
- Abdomen Limited; Reason for exam: _____

MD CONSULTS

REMINDER: Consider specialty referral: (Neonatology, Maternal Fetal Medicine)

- Consult MD. _____
- Consult MD. _____

REQUESTS FOR SERVICE

- Consult for Nutrition Services
- Consult for Case Management
- Consult for Social Services

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REMINDERS

- Avoid the routine use of repeated courses of acute tocolysis; avoid the routine use of maintenance tocolysis [Evidence](#)
- Consider short-term administration of tocolytic agents to provide time for completion of a course of prenatal corticosteroids and/or transfer to a perinatal facility prior to delivery [Evidence](#)
- **Corticosteroids** [Evidence](#) For patients between 24 and 34 weeks of gestation with intact membranes, or between 24 and 32 weeks of gestation with ruptured membranes, administer a single course of corticosteroids to aid in fetal lung maturation
- For patients beyond 34 weeks of gestation, avoid the routine use of corticosteroids for fetal lung maturation in the absence of evidence of fetal lung immaturity.
- Consider the use of a nonsteroidal anti-inflammatory drug for acute tocolysis