

OB FETAL DEMISE – LATE

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"/> 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

- Out-Patient Procedure/Surgery Recovery (Expected and/or Extended Recovery) to include Blood Transfusions (SDC)
- 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).

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

- Obtain signed consent for Dilatation and Curettage
- Notify Anesthesiologist for continuous epidural infusion placement by anesthesiologist when patient desires.
- Monitor uterine activity Prn contractions
- Apply telemetry monitoring
- May leave floor without telemetry

NUTRITION

- NPO

IV FLUIDS

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

MEDICATIONS

Analgesic/Antipyretic medications: Mild Pain/HA/Fever

- Acetaminophen Supp (Tylenol) 650 mg PR Q 4 Hrs Prn HA, mild pain (scale 1-3), or Temp > 100.4° F. (Total Acetaminophen not to exceed 4,000 mg/24 Hrs)

Analgesic medications: Moderate Pain

****For patients < 50 Kg, use 15 mg order**

- Ketorolac (Toradol) 15 mg IV Push Q 6 Hrs Prn moderate pain (scale 4-6) x 72 Hrs. DO NOT give if platelets are < 100,000, Scr > 1.2, pt exhibits signs and symptoms of bleeding, or if pt is taking other NSAIDs.

****For patients > or = 50 Kg, use 30 mg order**

- Ketorolac (Toradol) 30 mg IV Push Q 6 Hrs Prn moderate pain (scale 4-6) x 72 Hrs. DO NOT give if platelets are < 100,000, Scr > 1.2, pt exhibits signs and symptoms of bleeding, or if pt is taking other NSAIDs.

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

- Morphine 5 mg IV Push Q 2 Hrs Prn severe pain (scale 7-10).
- HYDROMORPHONE (Dilaudid) 0.8 mg IV Push Q 2 Hrs Prn severe pain (scale 7-10).

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.

****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.
- Ondansetron (Zofran) 8 mg IVPB Q 8 Hrs Prn N&V. If ineffective after 30 mins, give proCHLORperazine if ordered.

GI medications: Anti-diarrheal

- Lomotil (Diphenoxylate 2.5 mg/Atropine 0.025 mg) 2 Tabs Po Q 4 Hrs Prn for diarrhea (Max 8 Tabs/24 Hrs).

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MEDITECH NAME: OB FETAL DEMISE-LATE

MEDITECH MNEUMONIC: OB.FDLAT

ZYNX- NONE

DRAGOO/KANOFSKY

V:\SJO ORDERSETS\ORDER SETS\OB-GYN\NEWBORN\OB FETAL DEMISE-LATE ALL VERSIONS

GU medications

- Misoprostol (Cytotec) 200 mCg Po Q 4 Hrs until delivery. If no active cramping after 2 doses, then contact MD for further orders.
- Dinoprostone vaginal supp (Prostin E2), 20 mg vaginally Q 4 Hrs.
- Dinoprostone (Cervidil) vaginal Tab, 10 mg vaginally x 1 dose. Insert transversely in the posterior fornix of the vagina. Maintain recumbent position for 2 Hrs post insertion of Dinoprostone. Remove Dinoprostone if 12 Hrs have passed since insertion.
- Oxytocin (Pitocin) 10 units in Lactated Ringers 500 mL IV to run at 125 mL/Hr start after delivery of Placenta x 1 bag.

Other medications: _____

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

BLOOD BANK

- Type and Screen
- Cord Blood Evaluation

LABORATORY - Hematology

- Complete Blood Count (CBC)
- Fibrinogen

LABORATORY – Toxicology

- Rapid urine drug screen

LABORATORY - Miscellaneous

- TORCH IgG IgM Antibodies

DIAGNOSTICS - Ultrasonography

- Ultrasound OB Limited Reason for exam: Confirm fetal demise

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ZYNX- NONE

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