

OB ADMIT L&D (INTRAPARTUM)

Labor and Delivery Intrapartum 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 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 - Select Only One

- Admit as Inpatient. Preferred unit: Labor and Delivery

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

- RN to verify informed consent by Physician for augmentation/induction of labor
- Insert 16 or 18 gauge peripheral IV
- Apply external fetal monitor (EFM) until internal monitoring indicated
- Sterile Vaginal Exam Prn for patients \geq 35 weeks
- In and out catheterization Prn for bladder distention
- Insert indwelling urinary catheter after epidural infusion catheter placement
- Discontinue urinary catheter prior to pushing
- Ultrasound by RN to confirm presentation by OB ultrasound, not to be done in Radiology

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MEDITECH NAME: OB ADMIT L&D (INTRAPARTUM)

MEDITECH MNEUMONIC: OB.LDINT

ZYNX-NONE

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V:\SJO ORDERSETS\ORDER SETS\OB-GYN\OB ADMIT L&D (INTRAPARTUM) ALL VERSIONS

- Amnioinfusion PRN per policy-WS 106
- Notify Anesthesiologist for continuous epidural infusion placement at the request of the patient
- Notify Anesthesiologist for continuous epidural infusion placement when patient dilated to 3 cm
- Apply telemetry monitoring
- May leave floor without telemetry

RESPIRATORY

- Oxygen 10L mask Prn

NUTRITION

- OB Clear Liquid Diet (not to exceed 120 mL/Hr)

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

- Lidocaine (Xylocaine) 1% 0.2 mL intradermally Prn IV start
- Acetaminophen Supp (Tylenol) 650 mg PR Q 6 Hrs Prn Temp > 100.4 °F.
Total Acetaminophen not to exceed 4,000 mg/24 Hrs
- Morphine Sulfate 5 mg IV Push x 1 Prn moderate to severe pain (pain scale 4-10).
Call MD if another dose is needed.

Group B Strep (GBS) Prophylaxis orders

REMINDER: If GBS unknown, initiate GBS prophylaxis orders if the patient is < 37 weeks gestation, ROM >18 hours, or patient had another infant with GBS sepsis.

****If positive for Group B Strep (GBS +) – choose BOTH PCN orders below**

- Penicillin G 5 million units IVPB x 1 dose upon admission.
- Penicillin G 2.5 million units IVPB Q 4 Hrs until delivery. Start 4 Hrs after 5 million unit dose is given.

****If positive for Group B Strep (GBS +) & Penicillin is not available – choose BOTH Ampicillin orders below**

- Ampicillin 2 Gm IVPB x 1 dose upon admission.
- Ampicillin 1 Gm IVPB Q 4 Hrs until delivery. Start 4 Hrs after 2 Gm dose is given.

****If positive for Group B Strep (GBS +) & pt has a MILD rash allergy to Penicillin – choose BOTH CeFAZolin orders below**

- CeFAZolin (Ancef) 2 Gm IVPB x 1 dose upon admission.
- CeFAZolin (Ancef) 1 Gm IVPB Q 8 Hrs until delivery. Start 8 Hrs after 2 Gm dose is given. Hold and contact MD if patient has a reaction to 1st dose.

****If positive for Group B Strep (GBS +) & pt has a SEVERE Allergy to Penicillin and/or Cephalosporins (i.e. - anaphylaxis, respiratory distress, angioedema, hives/urticaria) and culture sensitivity unknown or culture SENSITIVE to Clindamycin and Erythromycin – choose Clindamycin order below**

- Clindamycin (Cleocin) 900 mg IVPB Q 8 Hrs until delivery

****If positive for Group B-Strep (GBS +) & pt has a SEVERE Allergy to Penicillin and/or Cephalosporins (i.e. - anaphylaxis, respiratory distress, angioedema, hives/urticaria) and culture RESISTANT to Clindamycin – choose Vancomycin order below**

- Vancomycin (Vancocin) 1 Gm IVPB infused over 60 mins Q 12 Hrs until delivery

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Antibiotic medications ***Physician to choose ONE drug only***

- Ampicillin (Omnipen) 2 Gm IVPB Q 6 Hrs Prn Temp > 100.4 °F. RN to contact pharmacy to activate/edit order once condition is met.
- CefoTEtan (Cefotan) 2 Gm IVPB Q 12 Hrs Prn Temp > 100.4 °F. RN to contact pharmacy to activate/edit order once condition is met.

Oxytocin Orders **Physician to choose ONE regimen only**

REMINDER: Use the following oxytocin order for augmentation of Labor. Use Induction – Oxytocin SS for induction of labor.

Oxytocin Regimen # 1 (1 mU/min, titrate by 1 mU/min)

- Oxytocin (Pitocin) 10 units in LR 500 mL via infusion pump. Start oxytocin infusion at 1 mU/min = 3 mL/Hr, then titrate in **1 mU/min** increments Q 30 mins up to a max rate of 20 mU/min to obtain adequate contraction. Notify OB provider to obtain further orders if labor pattern remains inadequate at this maximum rate.

Oxytocin Regimen # 2 (1 mU/min, titrate by 2 mU/min)

- Oxytocin (Pitocin) 10 units in LR 500 mL via infusion pump. Start oxytocin infusion at 1 mU/min = 3 mL/Hr, then titrate in **2 mU/min** increments Q 30 mins up to a max rate of 20 mU/min to obtain adequate contraction. Notify OB provider to obtain further orders if labor pattern remains inadequate at this maximum rate.

Endocrine medications: Diabetic Therapy

REMINDER: Refer to Subcutaneous Insulin Orders (Use SS)

REMINDER: Refer to Labor Management of Diabetic Patients Orders (Use SS)

GU medications: Tocolytics

- Terbutaline (Brethine) 0.25 mg SubQ x 1 dose Prn severe fetal distress or uterine hyperstimulation.

Other medications: _____

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

BLOOD BANK

- Type and Screen- STAT
- Kleihauer-betke (KLB) - STAT

LABORATORY- Hematology

- Complete Blood Count (CBC) - STAT

LABORATORY- Chemistry

- Rubella Screen
- Hepatitis B Surface Antigen
- Rapid Plasma Reagin (RPR)
- HIV-1/2 Ag/Ab Combo- STAT

LABORATORY – Chemistry – PIH Panel

- Urea Nitrogen Blood (BUN)-STAT
- Creatinine -STAT
- Aspartate Amino Transferase (AST/SGOT) - STAT
- Alanine Aminotransferase (ALT/SGPT)-STAT
- Uric Acid- STAT

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LABORATORY – Coagulation

Disseminated Intravascular Coagulation (DIC) Profile - STAT

LABORATORY – Urine

REMINDER: Order UA if ordering a PIH Panel

Urinalysis Reflex Culture - STAT

Drug Screen Rapid Urine- STAT

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