

PRETERM LABOR-SS

NURSING

- Vital Signs Other Than Routine:
 - Vital signs Q 1 Hr while on IV magnesium sulfate
 - Temperature Q 4 Hrs while on IV magnesium sulfate
- Deep Tendon Reflexes Q 1 Hr while on IV magnesium sulfate
- Monitor Intake And Output Q 1 Hr while on magnesium infusion
- Monitor For Magnesium Toxicity: Order magnesium serum level PRN for signs and symptoms of magnesium toxicity which include:
 - Fall in blood pressure
 - Confusion
 - Muscle weakness
 - Difficulty breathing
- Insert Indwelling Urinary Catheter with urimeter

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
- Activity restrictions: BED REST

RESPIRATORY

- Apply oxygen (O2) with defined parameters to maintain oxygen saturation on > 95 %
- Oximetry Spot Check Q shift

NUTRITION

- NPO
- NPO except ice
- Clear Liquids
- Regular Diet

IV FLUIDS

- Lactated Ringers IV to run at 125 mL/Hr. RN to adjust rate on IV fluids so that total IV infusions do not exceed 125 mL/Hr (to include IVF, Magnesium, and Oxytocin).
- Sodium Chloride 0.9% IV to run at 125 mL/Hr. RN to adjust rate on IV fluids so that total IV infusions do not to exceed 125 mL/Hr (to include IVF, Magnesium, and Oxytocin).

MEDICATIONS

- Magnesium sulfate 40 Gm/1000 mL SWFI. Bolus with 6 Gm over 30 mins then start a continuous IV infusion at 2 Gm/Hr [Evidence](#)
- Calcium Gluconate 1 Gm IV Push over 3 mins Prn S/Sx of Magnesium toxicity. Notify MD if given.

Other medications: _____

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

LABORATORY- Chemistry

- Basic Metabolic Panel (BMP) - STAT
- Magnesium Level Q 6 Hrs
- Magnesium Level Q 4 Hrs

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MEDITECH MNEUMONIC: OB.PTL

MEDITECH NAME: PRETERM LABOR-SS

ZYNX- PRETERM LABOR SS

DRAGOO/KANOFSKY

V:\SJO ORDERSETS\ORDER SETS\OB-GYN\PRETERM LABOR-SS ALL VERSIONS

Reminders- Tocolytic Agents

- 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](#)