

DATE	TIME	PRE-ECLAMPSIA/HYPERTENSIVE DISORDERS IN PREGNANCY (HIP) ADMISSION ORDERS
		5. NURSING ORDERS - <i>continued</i>
		<input type="checkbox"/> Urinary catheter to continuous drainage
		<input type="checkbox"/> Initiate Intra-Partum HIV Orders (FM# 3420)
		K-Pad PRN discomfort
		6. DIET
		Clear Liquids
		<input type="checkbox"/> NPO <input type="checkbox"/> Regular <input type="checkbox"/> Carbohydrate Controlled <input type="checkbox"/> Pregnancy/Lactation <input type="checkbox"/> Other:
		7. ACTIVITY
		Bedrest
		<input type="checkbox"/> Bedside Commode <input type="checkbox"/> Bathroom Privileges
		8. NOTIFY MD
		If Systolic blood pressure 160 mmHg or greater or greater than _____ mmHg OR Diastolic blood pressure 110 mmHg or greater or greater than _____ mmHg, repeat in 15 minutes. If either systolic or diastolic BP remains above those parameters, call provider for bedside evaluation and give the PRN antihypertensive medication ordered (see eMAR) and follow the medication instructions for further evaluation and management. Notify provider for new or worsening headache, RUQ/epigastric pain, visual disturbances, nausea/vomiting, shortness of breath, rales/rhonchi, general malaise, generalized swelling, abnormal lab values.
		9. ISOLATION
		<input type="checkbox"/> Airborne <input type="checkbox"/> Droplet <input type="checkbox"/> Contact <input type="checkbox"/> Other _____ Reason for Isolation: _____
		10. MEDICAL CONSULTS
		<input type="checkbox"/> Physician Consult: Neonatology - Reason: Mother with Pre-Eclampsia
		<input type="checkbox"/> Physician Consult: Maternal Fetal Medicine - Reason: Mother with Pre-Eclampsia
		<input type="checkbox"/> Physician Consult: Intensivist - Reason: Antihypertensive management
		<input type="checkbox"/> Physician Consult: Cardiology - Reason: Antihypertensive management
		<input type="checkbox"/> Physician Consult: OB Hospitalist (For HPMC only) - Reason: Antihypertensive management
		LABS
		1. GENERAL LABS
		HIP Profile (LDH, ALT, Uric Acid, CMP, CBC, PT, PTT, Fibrinogen, Urine Protein—qualitative)
		<input type="checkbox"/> RPR (if indicated)
		<input type="checkbox"/> GBS - if positive, initiate GBS Orders (FM# 3247)
		If not done this pregnancy, draw: <input type="checkbox"/> Rubella Immunity Screen <input type="checkbox"/> HBSAG <input type="checkbox"/> OB HIV 1/2 Screen
		Type and Screen - Redraw every 3 days until delivery
		<input type="checkbox"/> Electrolytes
		<input type="checkbox"/> DIC Panel - OB (Protime [PT/INR], APTT, D-Dimer, Fibrinogen)
		<i>continued on page 3</i>

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		2. URINE STUDIES
		Urine protein (qualitative) daily
		Urine Drug Screen
		<input type="checkbox"/> 24 hour urine collection for creatinine clearance and protein. Must include height & weight on container.
		<input type="checkbox"/> Urinalysis on admission
		<input type="checkbox"/> Urine Protein/Creatinine Ratio
		IMAGING
		1. ULTRASOUND
		<input type="checkbox"/> Ultrasound OB 14 weeks or greater; Indication: _____ (or specify below):
		<input type="checkbox"/> Fetal viability <input type="checkbox"/> Fetal weight <input type="checkbox"/> Biometry <input type="checkbox"/> Location of placenta <input type="checkbox"/> Evaluate placental abruption
		<input type="checkbox"/> Ultrasound Location of Placenta - Indication: Placental location
		<input type="checkbox"/> Ultrasound r/o Abruption - Indication: Evaluate placental abruption
		<input type="checkbox"/> Maternal Renal Doppler - Reason: pre-eclampsia/hypertensive disorder in pregnancy
		<input type="checkbox"/> Fetal Ultrasound - Reason: AFI and estimated fetal weight
		<input type="checkbox"/> Biophysical Profile - Fetal (BPP) - Reason: pre-eclampsia/hypertensive disorder in pregnancy
		PROCEDURES
		1. CARDIAC TEST
		<input type="checkbox"/> Maternal Echocardiogram - Reason: pre-eclampsia/hypertensive disorder in pregnancy
		MEDICATIONS
		1. IV FLUIDS
		<input type="checkbox"/> IV Lactated Ringers at _____ mL/hour
		<input type="checkbox"/> IV D5 Lactated Ringers at _____ mL/hour
		Maintain saline lock/saline flush panel:
		a. Maintain IV access (18 gauge preferred). Insert second IV saline lock if worsening condition.
		b. 0.9% Sodium Chloride 3-10 mL flush every 12 hours
		c. 0.9% Sodium Chloride 3-10 mL flush before and after IV medication administration and PRN
		2. ANTI-HYPERTENSIVES
		<input type="checkbox"/> Labetalol (Normodyne) IV Panel
		A. Initiate if Systolic Blood Pressure greater than 160 mmHg OR Diastolic Blood Pressure greater than 100 mmHg, taken twice 15 minutes apart and call OB Provider
		B. Goal of therapy: Systolic Blood Pressure \leq 140 or _____ mmHg and Diastolic Blood Pressure \leq 90 or _____ mmHg

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		2. ANTI-HYPERTENSIVES - Labetalol (Normodyne) IV Panel - <i>continued</i>
		C. Give initial dose of Labetalol 20 mg slow IV push over 2 minutes
		D. If goal not met 10 minutes after initial dose, give Labetalol 40 mg slow IVP over 2 minutes (second and subsequent dose(s) per policy and consider moving to a higher level of care)
		E. If goal not met 10 minutes after second dose, give Labetalol 80 mg slow IV push over 2 minutes.
		F. If goal not met 10 minutes after third dose, call OB provider for additional orders.
		<input type="checkbox"/> Hydralazine (Apresoline) IV Panel
		A. Initiate if Systolic Blood Pressure greater than 160 mmHg OR Diastolic Blood Pressure greater than 100 mmHg, taken twice 15 minutes apart and call OB Provider
		B. Goal of therapy: Systolic Blood Pressure \leq 140 or _____ mmHg and Diastolic Blood Pressure \leq 90 or _____ mmHg
		C. Give initial dose of Hydralazine <input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg slow IV push over 2 minutes
		D. If goal not met 20 minutes after initial dose, give Hydralazine 10 mg slow IVP over 2 minutes (second and subsequent dose(s) per policy and consider moving to a higher level of care)
		E. If goal not met 20 minutes after second dose, call OB provider for additional orders.
		<input type="checkbox"/> Nifedipine PO Panel
		A. Initiate if Systolic Blood Pressure greater than 160 mmHg OR Diastolic Blood Pressure greater than 100 mmHg, taken twice 15 minutes apart and call OB Provider
		B. Goal of therapy: Systolic Blood Pressure \leq 140 or _____ mmHg and Diastolic Blood Pressure \leq 90 or _____ mmHg
		C. Give initial dose of Nifedipine 10 mg PO
		D. If goal not met 20 minutes after initial dose, give Nifedipine 20 mg PO
		E. If goal not met 20 minutes after second dose, give Nifedipine 20 mg PO
		F. If goal not met 20 minutes after third dose, call OB provider for additional orders.
		<input type="checkbox"/> Labetalol (Normodyne) Tablet <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg PO <input type="checkbox"/> every 12 hours <input type="checkbox"/> TID
		<input type="checkbox"/> Methyldopa (Aldomet) <input type="checkbox"/> 250 mg <input type="checkbox"/> 500 mg PO every <input type="checkbox"/> 6 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> 12 hours
		3. VTE PROPHYLAXIS
		<i>Provider: Select 1 Risk Category:</i>
		A. <input type="checkbox"/> VTE Risk Category: Low Risk Surgery - Age less than 40, no additional VTE risk factors, same day surgery.
		B. <input type="checkbox"/> VTE Risk Category: At Risk Medical - Older patients (age greater than 40) or those with restricted mobility, and/or known risk factors for VTE such as heart failure, active infection, severe respiratory disease, obesity (BMI >25), history of thrombophilia, prior VTE or cancer.
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		2. VTE PROPHYLAXIS - <i>continued</i>
		C. <input type="checkbox"/> VTE Risk Category: Moderate Risk Surgery - Older patients (age 40-60) expected LOS greater than 48 hours, and/or patients with known risk factors for VTE such as heart failure, active infection, severe respiratory disease, obesity (BMI >25) or central venous access.
		D. <input type="checkbox"/> VTE Risk Category: High Risk Surgery - Older patients (age greater than 60) and known risk factors for VTE or any age patient with spinal cord injury, paresis, trauma, lower extremity fracture, hip fracture, joint arthroplasty or history of thrombophilia, history of prior VTE or abdominal/pelvic surgery for cancer.
		E. <input type="checkbox"/> VTE Risk Category: Reason for Not Assessing
		<input type="checkbox"/> Emergency <input type="checkbox"/> Consultant Provider <input type="checkbox"/> Comfort measures only <input type="checkbox"/> Normal Labor
		Mechanical Prophylaxis
		<input type="checkbox"/> Intermittent Pneumatic Compression (IPC) Device to be worn continuously except for bathing and skin assessment per nursing unit protocol or periods of active ambulation. Continue for 24 hours and until fully ambulatory. For high risk patients, continue until anticoagulation therapy initiated.
		<input type="checkbox"/> Graduated Compression Stockings to be worn continuously except for bathing and skin assessment per nursing unit protocol. Compression stockings alone are not considered VTE mechanical prophylaxis. They can be used as an adjunct with IPCs.
		<input type="checkbox"/> Place Venous Foot Pumps
		<input type="checkbox"/> No additional mechanical prophylaxis indicated. Patient receiving Active Care Sequential Compression per orthopedic protocol.
		<input type="checkbox"/> Mechanical prophylaxis not indicated due to therapeutic anticoagulation
		<input type="checkbox"/> Mechanical prophylaxis not indicated due to appropriate prophylactic anticoagulation
		<input type="checkbox"/> Mechanical prophylaxis contraindicated to one or both extremities
		Pharmacologic Prophylaxis
		<input type="checkbox"/> Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hours
		<input type="checkbox"/> Enoxaparin (Lovenox) 30 mg subcutaneous every 24 hours - renal dosing
		<input type="checkbox"/> For Patient BMI of 40 or greater: Enoxaparin (Lovenox) 40 mg subcutaneous every 12 hours
		<input type="checkbox"/> Heparin 5000 units subcutaneous every 8 hours
		<input type="checkbox"/> Heparin 5000 units subcutaneous every 12 hours
		<input type="checkbox"/> For Patient BMI of 40 or greater: Heparin 7500 units subcutaneous every 8 hours
		<input type="checkbox"/> Warfarin: In addition to one of the above, Pharmacy to manage Warfarin Therapy to maintain INR between 2-3.
		<input type="checkbox"/> Pharmacologic prophylaxis not indicated due to: Patient on a therapeutic dose of anticoagulant (this does not include aspirin or Plavix).
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