

DATE	TIME	<b>OBSTETRICAL HYPERTENSIVE MANAGEMENT ORDERS</b>	
		<b>DIAGNOSIS:</b>	
		<b>ALLERGIES (Include Medication, Food, Iodine, Seafood, Metal, Jewelry):</b>	
		<b>WEIGHT:</b>	<b>HEIGHT:</b> <b>BODY MASS INDEX (BMI):</b>
		<b>GENERAL</b>	
		<b>1. VITAL SIGN MONITORING</b>	
		Take 2 blood pressure readings 15 minutes apart in sitting or semi-recumbent position every shift and PRN change in condition.	
		Vital signs per Hypertension/Pre-Eclampsia Care Guidelines policy (M03 09 375)	
		Continuous fetal monitoring if undelivered and fetus is greater than 23 0/7 weeks	
		<b>2. NURSING ORDERS</b>	
		Strict Intake & Output every 4 hours or more frequently per Hypertension/Pre-Eclampsia Care Guidelines policy (M03 09 375)	
		Total PO/IV fluids not to exceed: <input type="checkbox"/> 80 mL/hour <input type="checkbox"/> 100 mL/hour <input type="checkbox"/> 125 mL/hour	
		<b>3. ACTIVITY</b>	
		Bedrest with bathroom privileges <input type="checkbox"/> Complete Bedrest	
		<b>4. NOTIFY MD</b>	
		If Systolic blood pressure 160 mmHg or greater or greater than _____ mmHg <b>OR</b> 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 MD for new or worsening headache, shortness of breath, rales/rhonchi, generalized edema, abnormal lab values, RUQ/epigastric pain, nausea/vomiting, generalized malaise or visual disturbances.	
		<b>5. MEDICAL CONSULTS</b>	
		<input type="checkbox"/> Physician Consult: Neonatology; Reason: Mother with Pre-Eclampsia or _____ (specify)	
		<input type="checkbox"/> Physician Consult: Maternal Fetal Medicine; Reason: Mother with Pre-Eclampsia or _____ (specify)	
		<input type="checkbox"/> Physician Consult: Intensivist - Reason: Mother with Pre-Eclampsia - Antihypertensive management	
		<input type="checkbox"/> Physician Consult: Cardiology - Reason: Mother with Pre-Eclampsia	
		<input type="checkbox"/> Physician Consult: OB Hospitalist (for HPMC only); Reason: Antihypertensive management or _____ (specify)	
		<b>LABS</b>	
		<b>1. GENERAL LABS</b>	
		<input type="checkbox"/> HIP Profile (LDH, ALT, Uric Acid, CMP, CBC, PT, PTT, Fibrinogen, Urine Protein–qualitative)	
		<input type="checkbox"/> DIC Panel - OB (PT/INR, APTT, D-Dimer, Fibrinogen)	
		<input type="checkbox"/> Type and Screen	

*continued on page 2*

**ROOM #:**

## **PHYSICIANS ORDERS**

**LEE HEALTH**  
Lee County, Florida

**OBSTETRICS & GYNECOLOGY**  
**OBSTETRICAL HYPERTENSIVE**  
**MANAGEMENT ORDERS**

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		<b>2. URINE STUDIES</b>
		<input type="checkbox"/> Urine protein (qualitative) daily
		<input type="checkbox"/> 24 hour urine collection for creatinine clearance and protein. Must include height & weight on container.
		<input type="checkbox"/> Urinalysis
		<input type="checkbox"/> Urine Protein/Creatinine Ratio
		Urine Drug Screen (if not already done)
		<b>MEDICATIONS</b>
		<b>1. IV FLUIDS</b>
		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
		<b>2. ANTI-HYPERTENSIVES</b>
		<input type="checkbox"/> <b>Labetalol (Normodyne) IV Panel</b>
		A. Initiate if Systolic Blood Pressure greater than 160 mmHg <b>OR</b> 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 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"/> <b>Hydralazine (Apresoline) IV Panel</b>
		A. Initiate if Systolic Blood Pressure greater than 160 mmHg <b>OR</b> 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.
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