

| DATE | TIME | LABOR ADMISSION ORDERS  |                |
|------|------|---|----------------|
|      |      | <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>***ALL ORDERS SHOULD BE SIGNED AND HELD***</b>   |                |
|      |      | <b>If Cesarean Delivery is indicated, Provider to initiate Cesarean Delivery Orders (FM# 3394)</b>  |                |
|      |      | <b>GENERAL</b>  |                |
|      |      | <b>1. ADMISSION STATUS</b>  |                |
|      |      | Admission to Inpatient Status (Choose One):   |                |
|      |      | <input type="checkbox"/> 2 or more Midnights - Medicare Patient   |                |
|      |      | <input type="checkbox"/> Medicare Inpatient Only Procedure (Needs a Bed)  |                |
|      |      | <input type="checkbox"/> Non-Medicare Patient   |                |
|      |      | <i>I certify that current inpatient services are reasonable and necessary, and appropriately provided as inpatient services in accordance with the 2 midnight benchmark under 42 CFR 412.3 (e), or Outpatient Prospective Payment System CMS-1589-FC-Addendum-E, or non-Medicare admission standards.</i> |                |
|      |      | <b>2. CODE STATUS</b>   |                |
|      |      | Full Code   |                |
|      |      | <input type="checkbox"/> DNR (Do Not Resuscitate)   |                |
|      |      | <input type="checkbox"/> DNR/AND Initiate FM # 2397   |                |
|      |      | <input type="checkbox"/> Restrictive Resuscitation Initiate FM # 0102   |                |
|      |      | <b>3. PRECAUTIONS</b>   |                |
|      |      | <b>4. VITAL SIGN MONITORING</b>   |                |
|      |      | Take 2 blood pressure readings 15 minutes apart in sitting or semi-recumbent position upon admission and PRN change in condition  |                |
|      |      | Monitor Blood Pressure, Pulse, Respiratory Rate every 1 hour for the 1st stage, and every 15 minutes for the 2nd stage.   |                |
|      |      | Monitor Temperature every 2-4 hours unless rupture of membranes (ROM), then every 2 hours.  |                |
|      |      | Fetal Monitor x 30 minutes on arrival. May ambulate if fetus reactive if patient not in active labor phase  |                |
|      |      | Continuous Fetal Monitoring; may discontinue for bathroom privileges  |                |
|      |      | <input type="checkbox"/> Intermittent auscultation according to ACOG/AWHONN guidelines  |                |
|      |      | <b>5. NURSING ORDERS</b>  |                |
|      |      | Straight Cath x 1 PRN if unable to void   |                |
|      |      | Indwelling urinary catheter PRN epidural and inability to void  |                |

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|      |      | <b>5. NURSING ORDERS - continued</b>   |
|      |      | K-Pad PRN discomfort   |
|      |      | Initiate Group B Strep orders (FM# 3247) if patient meets criteria   |
|      |      | <input type="checkbox"/> Initiate Intra-Partum HIV Orders (FM# 3420)   |
|      |      | <b>If Cesarean Delivery:</b>   |
|      |      | A. Verify informed consent   |
|      |      | B. Abdominal prep  |
|      |      | C. Urinary catheter to straight drainage   |
|      |      | D. Additional Medications, IV Fluids, and Preoperative orders per Cesarean Pre-Procedure Nurse-Initiated Anesthesia Protocol Orders (FM# 3844)   |
|      |      | <b>6. DIET</b>   |
|      |      | Clear liquids or hard candy  |
|      |      | <input type="checkbox"/> NPO   |
|      |      | <input type="checkbox"/> Ice Chips   |
|      |      | <input type="checkbox"/> Regular diet  |
|      |      | <input type="checkbox"/> Consistent Carbohydrate   |
|      |      | <input type="checkbox"/> Fat Restricted  |
|      |      | <input type="checkbox"/> Bland   |
|      |      | Other:   |
|      |      | <b>7. ACTIVITY</b>   |
|      |      | May use spa or shower if in early labor  |
|      |      | <b>8. NOTIFY MD</b>  |
|      |      | Notify provider for:   |
|      |      | A. New onset blood pressure is 90 mmHg or greater diastolic or 140 mmHg or greater systolic repeated, taken at least 15 minutes apart.   |
|      |      | B. Blood pressure is 100 mmHg or greater diastolic or 150 mmHg or greater systolic, taken at least 15 minutes apart. Provider to initiate Obstetrical Hypertensive Management Orders (FM# 3903). |
|      |      | C. New or worsening headache, RUQ/epigastric pain, visual disturbances, nausea/vomiting, shortness of breath, rales/rhonchi, general malaise, generalized swelling, abnormal lab values.         |
|      |      | <b>9. ISOLATION</b>  |
|      |      | <input type="checkbox"/> Airborne <input type="checkbox"/> Droplet <input type="checkbox"/> Contact <input type="checkbox"/> Other _____ Reason for Isolation: _____                             |
|      |      |  |
|      |      |  |
|      |      |  |
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|      |      | <b>LABS</b>  |
|      |      | <b>1. GENERAL LABS</b>   |
|      |      | <b>Cord Blood to Lab:</b>  |
|      |      | Order Cord Blood Studies if Mom is O-Positive, Rh Negative or has positive antibodies on prenatal screen.  |
|      |      | <input type="checkbox"/> Cord Blood Gas - to be ordered on infant's chart  |
|      |      | Placenta to Pathology  |
|      |      | CBC STAT   |
|      |      | Type and Screen STAT   |
|      |      | <input type="checkbox"/> Sickle Cell ASAP  |
|      |      | <input type="checkbox"/> RPR ASAP (if indicated)   |
|      |      | If information not on Prenatal Record, obtain:   |
|      |      | <input type="checkbox"/> Rubella Immunity Screen ASAP  |
|      |      | <input type="checkbox"/> HBSAG ASAP  |
|      |      | <input type="checkbox"/> OB HIV 1/2 Screen (Rapid Screen) ASAP, if HIV status unknown or if post-27 weeks result unavailable.  |
|      |      | <b>2. URINE STUDIES</b>  |
|      |      | Urine Drug Screen ASAP at admission for mothers with: 1) History of illicit drug use or a positive drug test within 9 months prior to delivery or 2) No prenatal care or 3) Known maternal Methadone, Subutex, or Suboxone treatment during pregnancy. |
|      |      | 3. <input type="checkbox"/> <b>HIP PROFILE SET - STAT:</b> CBC, CMP, LDH, ALT, Uric Acid, Urine Protein-Qualitative, PT, PTT, Fibrinogen   |
|      |      | 4. <input type="checkbox"/> <b>COAG PANEL - STAT:</b> PT, PTT, Fibrinogen  |
|      |      | <b>MEDICATIONS</b>   |
|      |      | <b>1. MISOPROSTOL ORDERS</b>   |
|      |      | <input type="checkbox"/> Misoprostol (Cytotec) 25 mcg administered vaginally then 25 mcg every 4 hours vaginally by nurse. After 5 doses, allow to rest for 12 hours before redosing.  |
|      |      | <input type="checkbox"/> Misoprostol (Cytotec) 25 mcg administered orally then 25 mcg every 4 hours orally by nurse. After 5 doses, allow to rest for 12 hours before redosing.  |
|      |      | <input type="checkbox"/> Misoprostol (Cytotec) 50 mcg to bedside for provider administration every 3 hours   |
|      |      | <b>1. DINOPROSTONE (CERVIDIL) INDUCTION</b>  |
|      |      | <input type="checkbox"/> Dinoprostone (Cervidil) Induction Panel:  |
|      |      | Monitor x 30 minutes, then insert Dinoprostone (Cervidil) x 1 dose   |
|      |      | Dinoprostone (Cervidil) 10 mg Vaginal Suppository for Induction  |
|      |      | Continuous fetal monitoring  |
|      |      | <input type="checkbox"/> Remove 30 minutes before starting Pitocin and within 24 hours of insertion  |
|      |      | <input type="checkbox"/> Remove at 12 hours  |
|      |      | <input type="checkbox"/> Remove at 24 hours  |

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|      |      | <b>2. IV FLUIDS</b>   |
|      |      | Maintain saline lock/saline flush panel:  |
|      |      | a. Maintain IV access - (18 gauge catheter preferred) saline lock if IV fluid discontinued or for ambulation  |
|      |      | 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   |
|      |      | IV Lactated Ringers at 125 mL/hour  |
|      |      | <input type="checkbox"/> IV D5 Lactated Ringers at 125 mL/hour  |
|      |      | <b>3. VTE PROPHYLAXIS</b>   |
|      |      | <b><i>Provider: Select 1 Risk Category:</i></b>   |
|      |      | A. <input type="checkbox"/> <b>VTE Risk Category: Low Risk Surgery - Age less than 40, no additional VTE risk factors, same day surgery.</b>  |
|      |      | B. <input type="checkbox"/> <b>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 &gt;25), history of thrombophilia, prior VTE or cancer.</b>                                     |
|      |      | C. <input type="checkbox"/> <b>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 &gt;25) or central venous access.</b>  |
|      |      | D. <input type="checkbox"/> <b>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.</b> |
|      |      | E. <input type="checkbox"/> <b>VTE Risk Category: Reason for Not Assessing</b>  |
|      |      | <input type="checkbox"/> Emergency <input type="checkbox"/> Consultant Provider <input type="checkbox"/> Comfort measures only <input type="checkbox"/> Normal Labor  |
|      |      | <b><u>Mechanical Prophylaxis</u></b>  |
|      |      | <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  |
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|      |      | <b>3. VTE PROPHYLAXIS - Mechanical Prophylaxis - continued</b>  |
|      |      | <input type="checkbox"/> Mechanical prophylaxis not indicated due to appropriate prophylactic anticoagulation   |
|      |      | <input type="checkbox"/> Mechanical prophylaxis contraindicated to one or both extremities  |
|      |      | <b>Pharmacologic Prophylaxis</b>  |
|      |      | <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).  |
|      |      | <input type="checkbox"/> Pharmacologic prophylaxis contraindicated or refused. Reasons:   |
|      |      | <input type="checkbox"/> Risk of Bleeding <input type="checkbox"/> Active Bleed or Hemorrhage <input type="checkbox"/> Epidural Cath in place/DC'd last 12hrs   |
|      |      | <input type="checkbox"/> Inferior Vena Cava Filter (IVCF) <input type="checkbox"/> Thrombocytopenia (PLT<100,000) <input type="checkbox"/> Patient Refused  |
|      |      | <b>4. ANALGESICS</b>  |
|      |      | <b>Choose only one:</b>   |
|      |      | <input type="checkbox"/> Nalbuphine (Nubain) 5-10 mg IV every 2 hours PRN moderate pain   |
|      |      | <input type="checkbox"/> Butorphanol (Stadol) 1-2 mg IV every 2 hours PRN moderate pain   |
|      |      | <input type="checkbox"/> Acetaminophen (Tylenol) 650 mg PO every 4 hours PRN headache   |
|      |      | <input type="checkbox"/> Nitrous Oxide/Oxygen (50:50) protocol PRN pain and/or anxiety. May not be initiated within 2 hours of IV opioids. No opioids may be administered within 15 minutes of discontinuation. |
|      |      | <input type="checkbox"/> Initiate Epidural Labor Orders (FM# 3253) per Anesthesia. Call Anesthesia for Epidural when _____.   |
|      |      | <b>5. GI MEDICATIONS</b>  |
|      |      | <input type="checkbox"/> Aluminum and Magnesium Hydroxide/Simethicone (Mylanta) 30 mL PO every 2 hours PRN Indigestion  |
|      |      | <b>6. ANTIEMETICS</b>   |
|      |      | <input type="checkbox"/> Metoclopramide (Reglan) 10 mg IV or IM every 4 hours PRN nausea and vomiting   |
|      |      | <input type="checkbox"/> Promethazine (Phenergan) 25 mg <input type="checkbox"/> PO <input type="checkbox"/> PR every 4 hours PRN nausea  |
|      |      | <b>7. SEDATIVES</b>   |
|      |      | <input type="checkbox"/> HydrOXYzine (Vistaril) 50 mg Intramuscular ONLY x 1 dose PRN for Anxiety   |
|      |      | <b>8. OTHER MEDICATIONS</b>   |
|      |      | <input type="checkbox"/> Lidocaine 1% Injectable to bedside for provider use for vaginal delivery   |
|      |      | <input type="checkbox"/> Lidocaine Jelly 2% to perineum x 1 application for provider use for vaginal delivery   |

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