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Antepartum Order Set v2

Diagnosis

- Primary Diagnosis: _____
- Secondary Diagnosis: _____

Service Designation

- Attending: Dr. _____
- Date: _____
- Time: _____

Hospital Status

- Inpatient
- Observation
- Outpatient
- Note: Observation is for further evaluation of patient's condition due to diagnosis
- Note: Outpatient is for normal or extended recovery for IV infusions, blood transfusions and other short-term outpatient procedures or services

Hospital Location

- Labor and Delivery
- Antepartum
- Medical
- ICU
- Special considerations
(Negative pressure room, Fetal demise, etc.) _____

Activity

- Bed Rest Strict
- Bed Rest W Bedside Commode
- Bed Rest W Bathroom Privileges
- Up W Assistance
- Up To Chair
- Up Ad Lib may ambulate for 2 hours if NST Reactive with Continuous Monitoring
- Up Ad Lib may ambulate for 2 hours if NST Reactive without Continuous Monitoring
- Up Ad Lib Ongoing

Allergies

- Update Allergies with reactions: _____

Vital Signs

- Vital signs every 30 minutes
- Vital signs every 1 hour
- Vital signs every 4 hours
- Vital signs every 6 hours
- Vital signs every 12 hours
- Measure Blood Pressure Q15MX4
- Measure Blood Pressure Q15MX8
- Measure Blood Pressure Q15MX12
- Measure Blood Pressure Q15MX16

Physician Signature: _____

Date / Time: _____

PATIENT STICKER



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Nursing Orders

General Nursing Orders

- Weight Daily 06:00
- Intake and Output every _____ hours
- Catheter Indwelling
- Peripheral IV Access - Saline lock when ambulating
- Total IV fluid rate to equal _____ ml/hr
- Misc.: _____

Other Nursing Orders

- If ordering insulin for patient, choose Insulin Adult Subcutaneous Order Set
 - Insulin Adult Subcutaneous Order Set (print and complete order set)
- Blood glucose fingerstick with no insulin orders
 - Blood Glucose Fingerstick with no insulin orders every _____ hours
 - Blood Glucose Fingerstick with no insulin orders 4 times a day, before meals and at bedtime (ACHS)
 - Blood Glucose Fingerstick with no insulin orders 5 times a day, before meals, at bedtime and at 0300 (ACHS3)
 - Blood Glucose Fingerstick with no insulin orders fasting
 - Blood Glucose Fingerstick with no insulin orders 2HPP

Specific Nursing Orders

- Group B Status _____ Positive _____ Negative _____ Unknown
- Fetal Heart Tones By Doppler [Evidence](#)
- External Fetal Monitoring
- TOCO Only
- Urine Protein Dipstick OA - On Admission
- Set Up Sterile Speculum Exam
- Perform Digital Cervical Exam [Evidence](#)
- No Digital Cervical Exam
- Avoid routine perineal shaving [Evidence](#)
- Consider the use of electronic fetal heart rate monitoring (ie, cardiotocography). [Evidence](#)
- For high-risk intrapartum patients, continuous fetal heart rate monitoring should be performed [Evidence](#)
- For patients in labor, the evidence regarding the clinical benefits of the routine use of a partogram to monitor the progression of the first stage of labor is inconsistent. [Evidence](#)
- For patients with fetal malposition (ie, occiput posterior position), consider the use of the hands-and-knees position.

For patients in the second stage of labor with no contraindications, allow the adoption of different positions, including upright (ie, kneeling, sitting, squatting), hands-and-knees, and lateral, to facilitate labor progression.

For patients in the first stage of labor, the evidence for the optimal patient position for pain relief and labor progression is inconclusive. The evidence for the benefits of different patient positions during the second stage of labor in relation to perineal trauma is inconclusive. [Evidence](#)

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Antepartum Order Set v2

Magnesium

Nursing

- Please select all orders below for Magnesium Protocol
 - Urine Protein Dipstick Q1H - if on Magnesium Sulfate
 - Deep Tendon Reflexes - Q 1 H
 - Magnesium Sulfate Init/Mgmt - full physical assessment and lung sounds Q4H
 - Phy Notify Mag Protocol
 - If respirations less than or equal to 12 per minute
 - DTR absent or significantly decreased
 - Decreased alertness or responsiveness

Tocolytic Agents: Magnesium Supplements

- magnesium sulfate 4 gram intravenously once over 20 minutes; loading dose
- magnesium sulfate 1 gram/hour continuous intravenous infusion
- magnesium sulfate 2 gram/hour continuous intravenous infusion
- magnesium sulfate 3 gram/hour continuous intravenous infusion
- magnesium sulfate 4 gram/hour continuous intravenous infusion

Antidotes and Rescue Agents

- calcium gluconate 1 gram intravenously as needed for magnesium toxicity

Diet

- NPO
- NPO except ice chips
- NPO except medications
- Clear Liquid Diet
- Regular Diet
- _____ kcal Consistent Carbohydrate Diet
- Other Diet _____

IV Fluids

- Lactated Ringers _____ milliliter/hour
- Dextrose 5% in Lactated Ringers _____ milliliter/hour
- Dextrose 5% with 0.9% NaCl _____ milliliter/hour
- Sodium Chloride 0.9% _____ milliliter/hour

Medications

Corticosteroids [Evidence](#)

- betamethasone (Celestone) 12 milligram intramuscularly every 24 hours for 2 doses , unless delivery occurs prior
- dexamethasone (Decadron) 6 milligram intramuscularly every 12 hours for 4 doses , unless delivery occurs prior
- Avoid the routine use of repeated courses of antepartum corticosteroids [Evidence](#)
- For patients with intact membranes between 24 and 34 weeks of gestation at risk of preterm delivery within 7 days, administer a single course of corticosteroids [Evidence](#)

Physician Signature: _____

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Group B Strep Prophylaxis

- ampicillin 2 gram intravenously once initial dose
- ampicillin 1 gram intravenously every 4 hours until delivery; maintenance dose
- ceFAZolin (Ancef, Kefzol) 2 gram intravenously once initial dose
- ceFAZolin (Ancef, Kefzol) 1 gram intravenously every 8 hours until delivery; maintenance dose
- clindamycin (Cleocin) 900 milligram intravenously every 8 hours until delivery
- erythromycin 500 milligram intravenously every 6 hours until delivery
- penicillin G aqueous 5 million units intravenously once initial dose
- penicillin G aqueous 2.5 million units intravenously every 4 hours until delivery; maintenance dose
- vancomycin 1 gram intravenously every 12 hours until delivery
- For patients with intact membranes and no evidence of infection, who are not candidates for group B streptococcal prophylaxis, do not administer prophylactic antibiotics [Evidence](#)
- For patients with known group B streptococcal colonization, or preterm labor at less than 37 weeks of gestation and unknown group B streptococcal colonization status, provide group B streptococcal antibiotic prophylaxis [Evidence](#)

Tocolytic Agents

- terbutaline (Brethine) 0.25 milligram subcutaneously once (may be repeated every 20 minutes; hold for pulse greater than 120 beats per minute)
- terbutaline (Brethine) 2.5 milligram orally every 4 hours as needed for cramps
- terbutaline (Brethine) 5 milligram orally every 4 hours as needed for cramps
- NIFEdipine (Procardia) 10 milligram orally every 6 hours
- indomethacin (Indocin) 50 milligram orally once loading dose; gestational age less than 32 weeks
- indomethacin (Indocin) 25 milligram orally every 6 hours for 48 hour gestational age less than 32 weeks
- 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](#)
- The evidence for the use of neuroprotective agents for fetal neuroprotection is conflicting [Evidence](#)
- Evidence for the use of nitrates for tocolysis is inconclusive [Evidence](#)
- Avoid the routine use of repeated courses of acute tocolytic therapy and maintenance tocolytic therapy [Evidence](#)
- For patients with preterm labor, the evidence for the use of a calcium channel blocker (eg, NIFEdipine) for tocolysis is conflicting [Evidence](#)
- For patients with preterm labor, the evidence for the use of therapeutic magnesium (eg, magnesium sulfate) for acute tocolysis is conflicting [Evidence](#)
- For patients with preterm labor, the evidence for the use of an NSAID (eg, indomethacin, ketorolac, sulindac) for acute tocolysis is conflicting. [Evidence](#)

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Ancillary Medications

- acetaminophen (Tylenol) 650 milligram orally every 6 hours as needed for pain 1-5 or temp > 101
- acetaminophen (Tylenol) 650 milligram rectally every 6 hours as needed for pain 1-5 or temp > 101
- Total acetaminophen dose not to exceed 4 gms per day
- In chronic hepatic disease, consider lower maximum acetaminophen dose of 2 gm per day
 - aluminum/magnesium/simethicone antacid oral susp (Maalox, Mylanta) 30 milliliter orally every 8 hours as needed for indigestion/heartburn
 - magnesium hydroxide (Milk of Magnesia) 30 milliliter orally every 8 hours as needed for constipation unless patient is on dialysis
 - bisacodyl (Dulcolax) 1 suppository rectally once a day as needed for constipation if no relief from Milk of Magnesia
 - dextromethorphan-guaiFENesin (Robitussin DM) 5 milliliter orally every 4 hours as needed for cough
 - diphenhydrAMINE (Benadryl) 25 milligram orally every 6 hours as needed for itching (Notify physician on call if severe)
 - diphenhydrAMINE (Benadryl) 25 milligram intravenously every 6 hours as needed for itching (Notify physician on call if severe)
 - ondansetron (Zofran) 4 milligram orally every 4 hours as needed for nausea/vomiting
 - ondansetron (Zofran) 4 milligram intravenously every 4 hours as needed for nausea/vomiting
 - ondansetron (Zofran) 4 milligram intramuscularly every 4 hours as needed for nausea/vomiting
 - zolpidem (Ambien) 5 milligram orally once a day, at bedtime as needed for insomnia
 - zolpidem (Ambien) 10 milligram orally once a day, at bedtime as needed for insomnia
 - sucralfate (Carafate) 1 gram orally once
 - sucralfate (Carafate) 1 gram orally 4 times a day, before meals and at bedtime

Additional Medications

- tuberculin PPD 5 unit/0.1 mL intradermal at admission
- PPD Placement (Nursing)
- _____
- _____
- _____
- _____
- _____

Laboratory

Panel Reminders

- L and D profile includes: CBC, RPR, Type and Rh
- PIH panel includes: Basic metabolic panel, liver profile, LDH, uric acid, CBC, PT/PTT, fibrinogen, d-dimer
- DIC panel includes: CBC, PT/PTT, fibrinogen, d-dimer
- Obstetrical panel includes: CBC OB, Rubella OB, HepB SAg OB, Blood type, Antibody screen, RPR, HIV

Obstetrical panel CBC Rubella & HepB Sag

- CBC W/ Auto Differentiation (Ob)
- Hepatitis B Surface Ag (Ob) - Hepatitis B surface antigen (HBsAg) (Ob) [Evidence](#)
- Rubella Igg (Ob)

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Blood Bank

- Blood Transfusion Order Set (print and complete order set)
- Type & Screen [Evidence](#)
- Blood Type [Evidence](#)
- Indirect Coombs - (Antibody Screen) [Evidence](#)
- For patients at low risk of hemorrhage, avoid routine blood type and screen or crossmatch [Evidence](#)

Chemistry

- Metabolic Panel (Basic)
- Metabolic Panel (Complete)
- Liver Profile
- Renal Function Panel
- Lactate Dehydrogenase
- Magnesium now
- Magnesium routine _____ hours
- Uric Acid

Chemistry Body Fluids

- Fetal Fibronectin - (Nurse care provider to collect)

Hematology

- CBC W/ Auto Differentiation
- CBC W/ Manual Differentiation [Evidence](#)
- Hemoglobin [Evidence](#)
- Hematocrit [Evidence](#)
- Platelet [Evidence](#)
- Prothrombin Time - (PT/INR)
- Partial Thromboplast Time - (Partial Thromboplastin Time - PTT)
- Fibrinogen Activity
- D Dimer

Serology

- Hepatitis B Surface Ag - Hepatitis B surface antigen (HBsAg) [Evidence](#)
- HIV-1 Screen (Bmh) [Evidence](#)
- Rapid Plasma Reagin
- For patients at high risk for HIV infection, obtain syphilis serology [Evidence](#)
- For patients with unknown HIV infection status, perform HIV testing unless the patient declines [Evidence](#)

Microbiology

- Chlam/Gonorrhea DNA Probe
- Culture, Beta Strep Screen
- Culture, Urine
- Wet Prep
- For patients in labor or with PROM at term, the evidence for the use of a real-time PCR assay for identification of group B streptococcal colonization is conflicting [Evidence](#)
- The evidence for the use of FISH to detect group B streptococcal colonization is inconclusive [Evidence](#)
- The evidence for the use of optical immunoassay to detect group B streptococcal colonization is inconclusive [Evidence](#)

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Urine Studies

- Total protein, 24 hour urinalysis
- Creatinine clearance, 24-hour urine collection plus serum
- Toxicology drug screen, urine - (Triage Urine Drug Screen)
- Urinalysis - Specimen Source _____ (Cath, Clean Catch)

Radiology

Ultrasound

- Amniocentesis Cmp
Reason for exam _____
- (EFW) - Ob Followup Per Gest
Reason for exam _____
- (Cord Doppler) - Fetal Umbilical Artery Echo
Reason for exam _____
- Biophysical Profile W NST
Reason for exam _____ [Evidence](#)
- Ob Greater than 14 wk Sgl Gest
Reason for exam _____ [Evidence](#)
- Ob Greater than 14 wk Addl Gest
Reason for exam _____
- OB Limited - (Ultrasound, pregnant uterus, limited - Fetal position - AFI - Cervical Length)
Reason for exam _____ [Evidence](#)

Respiratory

- Non-Rebreather 90%
- Blood Gas Arterial
- Assess oxygenation level by pulse oximetry or arterial blood gas examination

Additional Orders

- _____
- _____
- _____
- _____
- _____

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