

**GROUP B STREPTOCOCCAL (GBS)
INTRA-PARTUM
PREPRINTED ORDERS**

Original Date	06/2005	Revision Date	07/2007	Withdrawn Date	
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Diagnosis: _____

Check the appropriate identifiers:

- _____ Previous infant who had invasive Group Beta Strep disease
- _____ GBS during this pregnancy
- _____ Onset of labor or rupture of membranes < 37 weeks gestation
- _____ Duration of ruptured membranes ≥ 18 hours
- _____ Intra-partum temperature ≥ 100.4 F (≥ 39.0 C)
- _____ Anticipated delivery < 37 weeks gestation
- _____ GBS in urine
- _____ unknown GBS status

Lab: _____ Obtain GBS culture if pre-term labor and/or rupture of membranes < 37 weeks gestation (refer to pre-term labor preprinted orders)

Pharmacy Orders:

IV : Lactated Ringers at TKO rate; unless ordered rate specific

_____ Recommended:
Penicillin G 5million units IV load, then
Penicillin G 2.5 million units IV every 4 hrs until delivery

_____ Alternative:
Ampicillin 2 gram IV load, then
Ampicillin 1 (one) gram IV every 4 hours until delivery

If Penicillin allergic:

_____ Recommended:
Cefazolin (Ancef) 1 gram every 4 hrs until delivery
(watch for cross sensitivity and allergy)

_____ Alternative:
Erythromycin 500 mg IV every 6 hours until delivery

Other:

_____ Nursing to check with MD if antibiotics are to be continued following delivery
_____ Do not continue antibiotics following delivery

Physician Signature

____/____/____ Date

____:____ Time

PATIENT STICKER