Rainy Lake MEDICAL CENTER
In association with SMDC Health System

TERM OBSTETRICAL PATIENT
PREPRINTED ORDERS

Original Date	06/2005	Revision Date	04/2010	Withdrawn Date	

Admission Diagnosis: _____

LABOR

1. External Electronic Fetal Monitor with Uterine Contraction Monitoring or Intermittent Auscultation of FHT as indicated by stage of labor and fetal/maternal well being
2. Diet: Early Labor < 4 cm --- May have full liquids
   Active Labor > 4 cm --- May have clear liquids, ice chips, or hard candy as tolerated
3. Activity: Shower PRN < 6 cm or if approved by physician
   Ambulate PRN < 6 cm if membranes intact or if approved by MD
4. Lab: CBC
   UA, UC if indicated
   Hepatitis B screen if not done during this pregnancy
   HIV screen if not done during this pregnancy
   Rubella Titer if not done during this pregnancy
   Type and Rh all patients which have not had a type and screen during this pregnancy completed at FMH
   Type and **cross match** on Gravida 7+ and VBAC patients
5. Saline Lock initiated with in active labor -- # 18 or #20 needle
6. IV fluids per MD order – if needed
7. Physician to order Gestational Diabetes Preprinted Orders if patient is known to have gestational diabetes requiring insulin

Patients in labor that have not received or have minimal prenatal care: Notify Attending Physician

- ☐ CBC
- ☐ Type and Screen
- ☐ UA
- ☐ VDRL
- ☐ Hepatitis B Screening**
- ☐ Rubella Titer
- ☐ HIV Testing – must obtain mother's consent for this test and documentation of consent
- ☐ Chlamydia Culture
- ☐ Gonorrhea Culture
- ☐ Treatment for GBS if unknown status
- ☐ Meconium Toxicology Screen

If maternal or fetal status suggests influence of alcohol or narcotics, consider testing – must have Informed consent of patient, unless maternal or fetal status is threatened or court ordered.

** Note – If Hepatitis B status unknown – minimize invasive procedures such as scalp electrode or intrauterine pressure catheter placement. Consider risks/benefits.

POST – PARTUM

1. Ice Pack to perineum immediately after delivery PRN for discomfort
2. Straight cath at 8 to 12 hours if unable to void
3. May D/C IV or saline lock when one liter of fluid is infused, uterus is firm, flow is moderate patient is stable and taking fluids orally without difficulty.
4. If not nursing use icepacks and firm bra for breast tenderness
5. Hemorrhoid care: icepacks, sitz PRN discomfort

LAB : Hgb/Hct on first postpartum day

If patient is RH negative, give RHOGAM as indicated

Diet: General diet, as tolerated
Activity: As tolerated

- ☐ Oxytocin (Pitocin) 10 units IM after delivery of placenta
- ☐ Normal Saline1000 ml with 20 units Oxytocin (Pitocin) titrate prn to control post partum bleeding and maintain uterine tone
- ☐ Misoprostol (Cytotec) tablets 1000 mcg (5, 200mcg tablets) **rectally** one time for post partum hemorrhage
- ☐ Methylergonovine Maleate (Methergine) 0.2 mg (1 ml) IM for post partum hemorrhage (stored in med room fridge)

Pharmacy Orders:

1. Nursing Care Cream(Lansinoh) to nipples if nursing- PRN discomfort
2. Witch Hazel/Glycerin (Tucks) to hemorrhoids PRN discomfort
3. Acetaminophen with Codeine(Tylenol #3) (unless allergy) one or two tablets orally every 4 hours PRN for postpartum pain
4. Acetaminophen 650mg orally every 4 hours PRN postpartum pain
5. Ibuprofen 400mg orally every 4 hours PRN postpartum pain.
6. Milk of Magnesia 30 ml orally PRN Constipation
7. Docusate Sodium 100mg (Colace) one capsule orally q HS
8. If patient is non- immune to Rubella, give MMR vaccine prior to discharge (if not contraindicated)
9. Dermaplast spray to perineum prn discomfort.
10. Prenatal Vitamin 1 (one) tablet orally daily after patient taking orals.

_____ ____/____/____ _____:_____
Physician Signature Date Time

PATIENT STICKER