Unique Plan Description: OBG Labor and Delivery

Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

Plan Selection Display: OBG Labor and Delivery
PlanType: Medical
Begin Effective Date:
End Effective Date: Current
Available at: ***EMMC***
MERCY HOSPITAL
NL MAINE COAST HOSPITAL
TAMC - THE AROO
Plan Comment:

Labor and Delivery
Admit/Dischg/Transfer

- [x] Admission Order (DX)
  Patient Placement OB/GYN
- [ ] Discharge (DX)

Code Status

- [x] Code Status and Treatment Restrictions
  Code Status: Full Resuscitation

Vital Signs

- [x] Vital Signs (Frequent)
  Non active labor, membranes intact every 4 hours while awake, every 8 hours if sleeping; Hourly second stage; Hourly during active labor

Activity

- [x] Activity
  Up ad lib, as tolerated if fetal heart tones are Category I (DEF)*
  Bedrest, Bathroom Privileges
  Bedrest

Diet

- [x] Diet
  NPO, NPO except for ice chips (DEF)*
  Clear Liquid Diet
  Regular Diet

Patient Care

- [ ] OBG JPP(SUB)*
- [ ] OBG Cervical Ripening Induction Augmentation of Labor(SUB)*
- [ ] JPP Hypoglycemia Adult(SUB)*
- [x] External Fetal Heart Monitoring
  Intermittent (DEF)*
  Continuous
- [ ] Bedside Glucose Monitoring
  After Meals+Bedtime, Notify Provider for bedside glucose greater than 450 mg/dL. If bedside glucose less than 70 mg/dL, see Joint Practice Protocol (JPP) - Hypoglycemia Adult for orders. (DEF)*
  Every 6 Hours, Notify Provider for bedside glucose greater than 450 mg/dL. If bedside glucose less than 70 mg/dL, see Joint Practice Protocol (JPP) - Hypoglycemia Adult for orders.
- [x] IV Placement
  Peripheral
- [ ] Saline Lock
- [ ] Cath - Straight
  PRN Urine Retention
- [ ] Cath - Foley
  PRN, Reason for Insertion: Acute urinary retention, PRN
- [x] Notify If
  Notify Provider of arrival and/or if Group B Strep status Positive or Unknown
- [ ] Provider Communication (EMMC)
  Epidural
  Comments: When clinically indicated or when _____ cm, if requested by patient

☐ Provider Communication (TAMC)
Bath tub, PRN if fetal heart tones Category I

☑ Provider Communication
Placenta to pathology, PRN if indicated

☑ Provider Communication
Intrauterine Resuscitation
Comments: Intrauterine resuscitation measures: A. Stop oxytocin (Pitocin) or remove dinoprostone topical (Cervidil) if in use and notify Provider B. Change maternal position C. Administer IV fluid Bolus 500 mL D. O2 by non-rebreather at 10 liters/min If Tachysystole occurs: Initiate intrauterine resuscitation measures and notify Provider if any of the following occur: A. Tachysystole defined as greater than 5 uterine contractions within ten minutes, averaged over a 30-minute window. Tachysystole should always be qualified as to the presence or absence of associated fetal heart rate decelerations. This term applies to both spontaneous and stimulated labor. B. Tetanic uterine contractions defined as a single contraction lasting longer than 3 minutes C. Non-reassuring fetal heart rate pattern Applicable Intrauterine Resuscitation Measure orders are located in the "JPP OBGYN" PowerPlan.

Quality Measures

☑ Perinatal Care Quality Measures

Continuous Solutions

☐ Lactated Ringers Injection
Tot Vol: 1,000 mL, Flow Rate: 125 mL/hr, Soln, IV

☐ Dextrose 5% in Lactated Ringers
Tot Vol: 1,000 mL, Flow Rate: 125 mL/hr, Soln, IV

☐ Sodium Chloride 0.9%
Tot Vol: 1,000 mL, Flow Rate: 125 mL/hr, Soln, IV

Pre-Epidural Bolus:(NOTE)*

☐ LR (Bolus Infusion)
1,000 mL, Soln, IVPB, ONCE, PRN, Infuse Over: 45 Minutes
Comments: 1. Infuse over 30 - 45 minutes prior to epidural being placed by Anesthesia; 2. Follow with LR at 125 mL/hr; 3. For pre-eclampsia or cardiac patients verify the total volume to be infused before beginning the bolus

Medications

Antimicrobials

Antibiotics: Preferred(NOTE)*
ampicillin:(NOTE)*

☐ ampicillin
2,000 mg, Soln, IVPB, ONCE, Indication: Prophylaxis, GBS Prophylaxis
Comments: GBS prophylaxis

☐ **+4 Hours** ampicillin
1,000 mg, Soln, IVPB, Every 4 Hour Interval, Indication: Prophylaxis, GBS Prophylaxis
Comments: GBS prophylaxis; Until delivery

Antibiotics: Non-severe penicillin allergy(NOTE)*
Use B-Lactam based regimen unless history of: 1. Severe, IgE-mediated reaction to B-Lactams (anaphylaxis, angioedema, laryngeal edema, etc.)2. Confirmed allergy to cephalosporins3. Severe non-immune cutaneous reaction (Stevens-Johnson, Toxic Epidermal Necrolysis, etc.)(NOTE)*

☐ ceFAZolin
2 gm, Soln, IV Push, ONCE, Indication: Prophylaxis, GBS Prophylaxis
Comments: GBS prophylaxis; For Penicillin allergic patients not at high risk for anaphylaxis. Reconstitute each vial with 15 mL Sterile Water for Injection. IV PUSH over 2 minutes.

☐ **+8 Hours** ceFAZolin
1 gm, Soln, IV Push, Every 8 Hour Interval, Indication: Prophylaxis, GBS Prophylaxis
Comments: GBS prophylaxis; For Penicillin allergic patients not at high risk for anaphylaxis; Until delivery. Reconstitute each vial with 15 mL Sterile Water for Injection. IV PUSH over 2 minutes.

Antibiotics: Severe penicillin allergy AND clindamycin sensitive GBS(NOTE)*
Use B-Lactam based regimen unless history of: 1. Severe, IgE-mediated reaction to B-Lactams (anaphylaxis, angioedema, laryngeal edema, etc.)2. Confirmed allergy to cephalosporins3. Severe non-immune cutaneous reaction (Stevens-Johnson, Toxic Epidermal Necrolysis, etc.)(NOTE)*

☐ clindamycin

900 mg, Soln, IVPB, Every 8 Hour Interval, Indication: Prophylaxis, GBS Prophylaxis
Comments: GBS prophylaxis; Clindamycin (Cleocin) is for penicillin allergic pts at high risk for anaphylaxis in presence of Clindamycin sensitive GBS; Until delivery

Antibiotics: Severe penicillin allergy AND clindamycin resistant GBS or unknown susceptibility(NOTE)*
Use B-Lactam based regimen unless history of: 1. Severe, IgE-mediated reaction to B-Lactams (anaphylaxis, angioedema, laryngeal edema, etc.)2. Confirmed allergy to cephalosporins3. Severe non-immune cutaneous reaction (Stevens-Johnson, Toxic Epidermal Necrolysis, etc.)(NOTE)*

☐ vancomycin
1,000 mg, Soln, IVPB, Every 12 Hour Interval, Indication: Prophylaxis, GBS Prophylaxis
Comments: GBS prophylaxis; Vancomycin is for [Penicillin related] anaphylaxis and documented Clindamycin resistant GBS or when Clindamycin susceptibility tests NOT available. Until delivery; No pharmacy to dose

Analgesics

☐ OBG Pain Management(SUB)*

☑ lidocaine 1% preservative-free injectable solution
30 mL, Soln, INTRADERMAL, ONCE, PRN, Pre-Procedure Local Anesthesia, Provider to administer, perineal repair, Administering 30 mL would deliver 300 mg lidocaine
Comments: Have vial available for Provider to administer when performing episiotomy/perineal repair

Nalbuphine and butorphanol are contraindicated in patients on methadone, buprenorphine (Subutex), or buprenorphine/naloxone (Suboxone)(NOTE)*
Moderate pain (Pain Score: 4 - 6)(NOTE)*

☐ Nubain
5 mg, Soln, IV Push, Every 2 Hour Interval, PRN, Pain-Moderate (Pain Score: 4 - 6)
Comments: Contraindicated in patients on methadone, buprenorphine (Subutex), or buprenorphine/naloxone (Suboxone);Pharmacist to substitute butorphanol if nalbuphine not available.

☐ Stadol
1 mg, Soln, IV Push, Every 1 Hour Interval, PRN, Pain-Moderate (Pain Score: 4 - 6) (DEF)*
Comments: Contraindicated in patients on methadone, buprenorphine (Subutex), or buprenorphine/naloxone (Suboxone)
1 mg, Soln, IM, Every 1 Hour Interval, PRN, Pain-Moderate (Pain Score: 4 - 6)
Comments: Contraindicated in patients on methadone, buprenorphine (Subutex), or buprenorphine/naloxone (Suboxone)

Severe pain (Pain Score: 7 - 10)(NOTE)*

☐ Nubain
10 mg, Soln, IV Push, Every 2 Hour Interval, PRN, Pain-Severe (Pain Score: 7 - 10)
Comments: Contraindicated in patients on methadone, buprenorphine (Subutex), or buprenorphine/naloxone (Suboxone);Pharmacist to substitute butorphanol if nalbuphine not available.

☐ Stadol
2 mg, Soln, IV Push, Every 2 Hour Interval, PRN, Pain-Severe (Pain Score: 7 - 10)
Comments: Contraindicated in patients on methadone, buprenorphine (Subutex), or buprenorphine/naloxone (Suboxone)

Other

☐ mineral oil
30 mL, Liquid, TOPICAL, ONCE, PRN, Perineal Comfort during Vaginal Delivery, 1 Doses/Times

☐ Tums
500 mg, Chew tab, PO, Every 4 Hours, PRN, Heartburn and/or Indigestion (DEF)*
Comments: Do not give if patient has known diagnosis of renal failure, Creatinine Clearance less than 30 mL/min, or is NPO
1,000 mg, Chew tab, PO, Every 4 Hours, PRN, Heartburn and/or Indigestion
Comments: Do not give if patient has known diagnosis of renal failure, Creatinine Clearance less than 30 mL/min, or is NPO

☐ Bicitra
30 mEq, Soln, PO, Every 6 Hours, PRN, Indigestion

☐ Zofran
4 mg, Soln, IV Push, Every 8 Hours, PRN, Nausea and/or Vomiting

☐ hydrOXYzine

25 mg, Tab, PO, Every 4 Hours, PRN, Anxiety and/or Nausea (DEF)*
Comments: Also for emesis and/or itching; If tolerating PO
50 mg, Tab, PO, Every 4 Hours, PRN, Anxiety and/or Nausea
Comments: Also for emesis and/or itching; If tolerating PO

☐ hydrOXYzine
25 mg, Soln, IM, Every 4 Hours, PRN, Anxiety and/or Nausea
Comments: Also for emesis and/or itching; If not tolerating PO

☐ Ambien
5 mg, Tab, PO, Bedtime, PRN, Insomnia
Comments: May repeat in 1 hour if ineffective

☐ OBG Intrauterine Device IUD Liletta ParaGard Placement Inpatient(SUB)*

Postpartum Bleeding

☐ Oxytocin 30 units/500 mL NS
Tot Vol: 500 mL, Titrate, Soln, IV, Indication: Postpartum Uterine Bleeding
Comments: LOW RISK Hazardous Drugs Set infusion rate to 334 mL/hr for 30 minutes (10 units in 167 mL), then reduce rate to 95 mL/hr (remaining 20 units) over 3.5 hours. Administer post-delivery; Notify Provider

☐ Oxytocin 30 units/500 mL LR
Tot Vol: 500 mL, Titrate, Soln, IV, Indication: Postpartum Uterine Bleeding
Comments: LOW RISK Hazardous Drugs Set infusion rate to 334 mL/hr for 30 minutes (10 units in 167 mL), then reduce rate to 95 mL/hr (remaining 20 units) over 3.5 hours. Administer post-delivery; Notify Provider

☐ Pitocin
10 Units, Soln, IM, ONCE, PRN, Postpartum Bleeding
Comments: LOW RISK Hazardous Drugs

Postpartum Hemorrhage

☐ OBG Postpartum Hemorrhage(SUB)*

Laboratory

☐ CBC with Differential
BLOOD, Stat

☐ Comprehensive Metabolic Panel
BLOOD, Stat

☐ Type and Screen
BLOOD, Stat

☐ BB Hold Tube
BLOOD

☑ RPR w/Reflex Titer and FTA
BLOOD, Stat

Collect Group B strep swab if no results from previous specimen or not collected between 35 - 37 weeks gestation(NOTE)*

☐ Group B Strep PCR
VAGINAL/RECTAL, Routine

☐ Neisseria gonorrhea Culture
VAGINAL, Routine

☑ Cord Blood Gas Arterial
CORD-UMBILICAL, Expedite, Start: T;N

☑ Cord Blood Gas Venous
CORD-UMBILICAL, Expedite, Start: T;N

☐ Drug Screen Urine (UDS)
URINE, Stat

☐ Urine Drug Screen Rapid MCH,BH,CAD, Inland
URINE, Stat

☐ Urine Drug Screen Rapid MRUDR
URINE, Stat

☐ Urine Drug Screen Rapid TRUDR
URINE, Stat

☐ Urinalysis with Culture if Indicated

URINE-CLEAN CATCH, Stat (DEF)*
URINE-STRAIGHT CATH, Stat
Women in Active Labor:(NOTE)*
Order appropriate prenatal labs if no prior prenatal care(NOTE)*

☐ Antibody Screen
BLOOD, Stat

☐ Antibody Screen.
BLOOD, Stat

☐ Rh Type
BLOOD, Stat

☐ Hemoglobin A1c w/est Average Glucose
BLOOD, Routine

☐ Hepatitis B Surface Antigen
BLOOD, Routine

☐ Parvovirus B19 Antibodies IgG/IgM
BLOOD, Routine

☐ Rubella Antibody IgG
BLOOD, Routine

NL EMMC: For quick HIV test results, order Labor and Delivery HIV(NOTE)*

☐ Labor and Delivery HIV
BLOOD, Expedite, Start: T;N, Verbal consent required; must be documented in the medical record

☐ HIV-1/2 Combo Ag/Ab EIA Reflexive Panel
BLOOD, Expedite, Start: T;N, Verbal consent required; must be documented in the medical record

☐ HIV 1,2 Combo Ag/Ab
BLOOD, Expedite, Start: T;N, Verbal consent required; must be documented in the medical record

Consults

☐ INP Anesthesia Consult
Routine, Pain Management, Consultation and Participation, Patient may have epidural when requested

☐ INP Physician Consult
NICU Consult

Non Categorized

☑ VTE Prophylaxis Advisor
Pregnancy or Postpartum

☑ Provider Communication
Nurse may Initiate Planned PowerPlan upon patient arrival

Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase