

Hospitalize As: Outpatient Care of Dr. _____

Diagnosis: ☐ Threatened Labor ☐ Elevated Blood Pressure ☐ Scheduled NST
☐ Preeclampsia ☐ Preterm Labor
☐ Other: _____

Code Status: ☒ Full Code **Diet:** _____

All "pre-checked" orders will automatically be enacted unless a specific order is written to the contrary.
Any additional orders must be "checked" to activate.

☐ **Patient Care Orders**

Fetal Surveillance:

- | | |
|---|---|
| <input checked="" type="checkbox"/> NST | <input checked="" type="checkbox"/> Vital Signs per routine |
| <input type="checkbox"/> Continuous per BC-08 | <input checked="" type="checkbox"/> Initiate Clostridium difficile (C.diff) Identification Protocol (IC-28) |
| <input type="checkbox"/> Auscultation per BC-08 | <input type="checkbox"/> Initiate IV with 18 g catheter |
| <input type="checkbox"/> Doptone every _____ | <input type="checkbox"/> Perform Amniotic fluid point of care testing. |
| | <input type="checkbox"/> Repeat NST |

Laboratory

- | | | |
|---|--|---|
| <input type="checkbox"/> CBC With Platelet And Differential | <input type="checkbox"/> Fetal Fibronectin | <input type="checkbox"/> Creatinine Serum STAT |
| <input type="checkbox"/> STAT | <input type="checkbox"/> STAT | <input type="checkbox"/> Uric Acid STAT |
| <input type="checkbox"/> Routine | <input type="checkbox"/> Routine | <input type="checkbox"/> Alt (Sgpt) STAT |
| <input type="checkbox"/> IN AM | <input type="checkbox"/> IN AM | <input type="checkbox"/> Ast (Sgot) STAT |
| <input type="checkbox"/> Urinalysis, Culture If Indicated | <input type="checkbox"/> Protein/Creatinine Ratio, Urine | <input type="checkbox"/> Lactate Dehydrogenase (LDH) STAT |
| <input type="checkbox"/> STAT | <input type="checkbox"/> STAT | |
| <input type="checkbox"/> Routine | <input type="checkbox"/> Routine | |
| <input type="checkbox"/> IN AM | <input type="checkbox"/> IN AM | |

Diagnostics: ☐ Bedside ultrasound on unit ☐ US Fetal Biophysical Profile ☐ US Limited Obstetrical

☐ **IV fluids**

- ☐ Lactated Ringer 1000 ml BOLUS over 1 hour
☐ Lactated Ringer 1000 ml @ 125 ml/hr

Saline Lock/Saline Flushes

- ☒ Saline Lock Administer Anesthetic per Policy PC-27
☒ Sodium Cl 0.9% Flush Syringe (N/S) 10 ML IV PRN
☒ Sodium Cl 0.9% Flush Syringe (N/S) 10 ML IV Q12 hours

☐ **Intrauterine Resuscitation**

- ☒ Oxygen 15L/min via oxymask PRN for intrauterine resuscitation.
☒ Lactated Ringers 1000 mL BOLUS PRN for intrauterine resuscitation.
☒ Have patient change position PRN for intrauterine resuscitation.

MD/CNM Signature

Date/Time

Physician On Call: _____

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Discharge Orders:

- ☐ May discharge if NST is reactive
☐ Discharge home

MD/CNM Signature

Date/Time

Wentworth-Douglass Hospital
PHYSICIAN ORDERS

**Women & Children's
General Labor & Delivery: Outpatient**



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