Routine Postpartum Orders

DATE: _______________ TIME: _______________

( ) VS and fundal checks every 15 minutes x 4; then every 30 minutes x 2; then every 4 hours if stable.

( ) Intrathecal Duramorph was given at ______________._ Monitor and record O₂ Sat and Respirations rate every 1 hour x 12 hours, then every 2 hours x 12 hours for 24 hours total.

( ) Regular diet.

( ) Hemoglobin and Hematocrit if estimated blood loss is over 500 ml or hemoglobin is below 12 gms.

( ) CBC in am.

( ) If baby is Rh positive and mother is Rh negative, do fetomaternal blood screen (draw at same time as postpartum lab draw).

( ) Icepacks to perineum x 24 hours if sutures.

( ) Sitzbath TID PRN episiotomy.

( ) Cath if bladder distended and patient report inability to void.

( ) Insert foley cath if third cath required.

( ) Up ad lib

( ) Hygiene activity; may shower

Other:

( ) Rooming-in.

( ) Breastfeeding.

( ) Smoking Cessation Counseling

( ) May have outside food

( ) Children may visit during visiting time

( ) Notify provider for temperature elevation 102°F, or greater than 100.4°F on two Occasions 4 hours apart.

( ) Social Service consult if indicated (Reason): _______________________

PHYSICIAN’S ORDER FORM - Routine Postpartum Orders

Guam Memorial Hospital Authority

FORM REVISED: 11/2012 APPROVED DATE: NM 04/17/15; OB/GYN 04/28/15; ANESTHESIA 04/28/15; P&T 04/24/15; MEC 04/29/15; HIMC 04/30/15

GMHA FORM # 04902 STOCK # 9904902

Physician’s Order Form - Routine Postpartum Orders