

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)	INTRAVENOUS FLUID and MEDICATION ORDERS
<p>Routine Postpartum Orders</p> <p>DATE: _____ TIME: _____</p> <p><input type="checkbox"/> VS and fundal checks every 15 minutes x 4; then every 30 minutes x 2; then every 4 hours if stable.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Regular diet.</p> <p><input type="checkbox"/> Hemoglobin and Hematocrit if estimated blood loss is over 500 ml or hemoglobin is below 12 gms.</p> <p><input type="checkbox"/> CBC in am.</p> <p><input type="checkbox"/> If baby is Rh positive and mother is Rh negative, do fetomaternal blood screen (draw at same time as postpartum lab draw).</p> <p><input type="checkbox"/> Icepacks to perineum x 24 hours if sutures.</p> <p><input type="checkbox"/> Sitzbath TID PRN episiotomy.</p> <p><input type="checkbox"/> Cath if bladder distended and patient report inability to void.</p> <p><input type="checkbox"/> Insert foley cath if third cath required.</p> <p><input type="checkbox"/> Up ad lib</p> <p><input type="checkbox"/> Hygiene activity; may shower</p> <p>Other:</p> <p><input type="checkbox"/> Rooming-in.</p> <p><input type="checkbox"/> Breastfeeding.</p> <p><input type="checkbox"/> Smoking Cessation Counseling</p> <p><input type="checkbox"/> May have outside food</p> <p><input type="checkbox"/> Children may visit during visiting time</p> <p><input type="checkbox"/> Notify provider for temperature elevation 102°F, or greater than 100.4°F on two Occasions 4 hours apart.</p> <p><input type="checkbox"/> Social Service consult if indicated (Reason): _____</p>	<p>ALLERGY:</p> <hr/> <p><input type="checkbox"/> Ibuprofen (Motrin) 600 mg PO every 6 hours PRN for pain/uterine cramping (pain scale 1-5 or _____)</p> <p><input type="checkbox"/> Tylenol 650 mg PO every 4 hours PRN pain, give if patient is allergic to Motrin (pain scale 1-5 or _____) * maximum of four (4) grams acetaminophen in 24 hours</p> <p><input type="checkbox"/> Tylenol #3 PO 2 tablets every 4 hours PRN pain (pain scale 6-10 or _____) (Hold x 24 hours if Duramorph given). * maximum of four (4) grams acetaminophen in 24 hours.</p> <p><input type="checkbox"/> Continue present IV fluids at the rate previously ordered then follow with Ringer's Lactate 1 liter with 20 units of Pitocin added at 125 ml per hour. Discontinue IV thereafter.</p> <p><input type="checkbox"/> Measles, Mumps, and Rubella vaccine subcutaneously if rubella non-immune or equivocal.</p> <p><input type="checkbox"/> Ferrous Sulfate 325 mg one (1) PO TID.</p> <p><input type="checkbox"/> Prenatal vitamin 1 tablet PO daily.</p> <p><input type="checkbox"/> Anusol HC Cream topical QID PRN for hemorrhoids.</p> <p><input type="checkbox"/> Rhogam 300 mcg IM if mother is RH negative and baby is RH positive.</p> <p>Other:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Routine Order: _____</p> <p>Nurse: _____</p> <p>PHYSICIAN/CNM: _____</p> <p>Date: _____ Time: _____</p>

IVF and MEDICATION ORDERS ONLY

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| <ul style="list-style-type: none"> ✓ Summary/Blanket orders are unacceptable. ✓ Medication orders must be complete. ✓ PRN medication orders must include an indication. ✓ Write legibly. ✓ Rewrite orders upon transfer and/or post-operatively. ✓ Date, time, and sign verbal & telephone orders within 48 hours. | <p>DO NOT USE:</p> <ul style="list-style-type: none"> U MS IU MSO₄ Q.D. MgSO₄ Q.O.D. Trailing zero Lack of leading zero |
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PATIENT ID LABEL

Physician's Order Form - Routine Postpartum Orders

Guam Memorial Hospital Authority