

**General**

**Admission or Observation (Single Response) (Selection Required)**

Do not use Outpatient Observation Services Under General Supervision order for patients who are receiving Outpatient TRIAGE services.

- |  |  |
|--|--|
| <input type="checkbox"/> Admit to L&D  | Admitting Physician:<br>Diagnosis:<br>Level of Care: Antepartum<br>Bed request comments:<br>Scheduling/ADT |
| <input type="checkbox"/> Outpatient observation services under general supervision | Admitting Physician:<br>Patient Condition:<br>Bed request comments:<br>Scheduling/ADT                      |

**Admission or Observation (Single Response)**

Patient has active status order on file

- |  |  |
|--|--|
| <input type="checkbox"/> Admit to L&D  | Admitting Physician:<br>Diagnosis:<br>Level of Care: Antepartum<br>Bed request comments:<br>Scheduling/ADT |
| <input type="checkbox"/> Outpatient observation services under general supervision | Admitting Physician:<br>Patient Condition:<br>Bed request comments:<br>Scheduling/ADT                      |

**Code Status**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Full code   | Code Status decision reached by: Patient by means of Oral Directive<br>L&D Pre-Delivery   |
| <input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required)  |   |
| <input type="checkbox"/> DNR (Do Not Resuscitate)   | Did the patient/surrogate require the use of an interpreter?<br>Did the patient/surrogate require the use of an interpreter?<br>Does patient have decision-making capacity?<br>L&D Pre-Delivery   |
| <input type="checkbox"/> Consult to Palliative Care Service   |   |
| <input type="checkbox"/> Consult to Palliative Care Service   | Priority:<br>Reason for Consult?<br>Order?<br>Name of referring provider:<br>Enter call back number:  |
| <input type="checkbox"/> Consult to Social Work   |   |
| Reason for Consult:<br>L&D Pre-Delivery   |   |
| <input type="checkbox"/> Modified Code  | Did the patient/surrogate require the use of an interpreter?<br>Did the patient/surrogate require the use of an interpreter?<br>Does patient have decision-making capacity?<br>Modified Code restrictions:<br>L&D Pre-Delivery  |
| <input type="checkbox"/> Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) | I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.<br>Treatment Restriction decision reached by:<br>Specify Treatment Restrictions:<br>L&D Pre-Delivery |

## Isolation

<input type="checkbox"/>	Airborne isolation status	
<input type="checkbox"/>	Airborne isolation status	Details
<input type="checkbox"/>	Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, L&D Pre-Delivery
<input type="checkbox"/>	Contact isolation status	Details
<input type="checkbox"/>	Droplet isolation status	Details
<input type="checkbox"/>	Enteric isolation status	Details

## Precautions

<input type="checkbox"/>	Aspiration precautions	L&D Pre-Delivery
<input type="checkbox"/>	Fall precautions	Increased observation level needed: On Admission and every 8 hours, L&D Pre-Delivery
<input type="checkbox"/>	Latex precautions	L&D Pre-Delivery
<input type="checkbox"/>	Seizure precautions	Increased observation level needed: L&D Pre-Delivery

## Common Present on Admission Diagnosis

<input type="checkbox"/>	Acidosis	L&D Pre-Delivery
<input type="checkbox"/>	Acute Post-Hemorrhagic Anemia	L&D Pre-Delivery
<input type="checkbox"/>	Acute Renal Failure	L&D Pre-Delivery
<input type="checkbox"/>	Acute Respiratory Failure	L&D Pre-Delivery
<input type="checkbox"/>	Acute Thromboembolism of Deep Veins of Lower Extremities	L&D Pre-Delivery
<input type="checkbox"/>	Anemia	L&D Pre-Delivery
<input type="checkbox"/>	Bacteremia	L&D Pre-Delivery
<input type="checkbox"/>	Bipolar disorder, unspecified	L&D Pre-Delivery
<input type="checkbox"/>	Cardiac Arrest	L&D Pre-Delivery
<input type="checkbox"/>	Cardiac Dysrhythmia	L&D Pre-Delivery
<input type="checkbox"/>	Cardiogenic Shock	L&D Pre-Delivery
<input type="checkbox"/>	Decubitus Ulcer	L&D Pre-Delivery
<input type="checkbox"/>	Dementia in Conditions Classified Elsewhere	L&D Pre-Delivery
<input type="checkbox"/>	Disorder of Liver	L&D Pre-Delivery
<input type="checkbox"/>	Electrolyte and Fluid Disorder	L&D Pre-Delivery
<input type="checkbox"/>	Intestinal Infection due to Clostridium Difficile	L&D Pre-Delivery
<input type="checkbox"/>	Methicillin Resistant Staphylococcus Aureus Infection	L&D Pre-Delivery
<input type="checkbox"/>	Obstructive Chronic Bronchitis with Exacerbation	L&D Pre-Delivery
<input type="checkbox"/>	Other Alteration of Consciousness	L&D Pre-Delivery
<input type="checkbox"/>	Other and Unspecified Coagulation Defects	L&D Pre-Delivery
<input type="checkbox"/>	Other Pulmonary Embolism and Infarction	L&D Pre-Delivery
<input type="checkbox"/>	Phlebitis and Thrombophlebitis	L&D Pre-Delivery
<input type="checkbox"/>	Protein-calorie Malnutrition	L&D Pre-Delivery
<input type="checkbox"/>	Psychosis, unspecified psychosis type	L&D Pre-Delivery
<input type="checkbox"/>	Schizophrenia Disorder	L&D Pre-Delivery
<input type="checkbox"/>	Sepsis	L&D Pre-Delivery
<input type="checkbox"/>	Septic Shock	L&D Pre-Delivery
<input type="checkbox"/>	Septicemia	L&D Pre-Delivery
<input type="checkbox"/>	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	L&D Pre-Delivery
<input type="checkbox"/>	Urinary Tract Infection, Site Not Specified	L&D Pre-Delivery
<input type="checkbox"/>	Present on Admission-History of preterm premature rupture of membranes	L&D Pre-Delivery

## Nursing

### Activity

<input type="checkbox"/>	Strict bed rest	Routine, Until discontinued, Starting S, L&D Pre-Delivery
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<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges L&D Pre-Delivery
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges Privileges for bowel movement only, L&D Pre-Delivery
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated L&D Pre-Delivery
<input type="checkbox"/> Patient may shower	Routine, Daily Specify: Additional modifier: L&D Pre-Delivery

### Vital Signs

<input type="checkbox"/> Vital signs	Routine, Every 4 hours, L&D Pre-Delivery
<input type="checkbox"/> Vital signs	Routine, Every 8 hours, L&D Pre-Delivery
<input type="checkbox"/> Measure blood pressure	Routine, Every 15 min Serial blood pressures every 15 minutes x *** then every *** hours, L&D Pre-Delivery

### Nursing Care

<input type="checkbox"/> Daily weights	Routine, Daily, L&D Pre-Delivery
<input type="checkbox"/> Toileting - Bedside commode	Routine, Until discontinued, Starting S Specify: Bedside commode Additional modifier: L&D Pre-Delivery
<input type="checkbox"/> Intake and output	Routine, Every 8 hours, L&D Pre-Delivery
<input type="checkbox"/> Strict intake and output	Routine, Every hour, L&D Pre-Delivery
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: L&D Pre-Delivery
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain L&D Pre-Delivery
<input type="checkbox"/> Sterile vaginal exam	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Monitor fetal heart tones	Routine, Every shift Type: For 1 hour every shift, L&D Pre-Delivery
<input type="checkbox"/> Monitor fetal heart tones	Routine, Daily Type: Every day with Doppler, L&D Pre-Delivery
<input type="checkbox"/> Monitor fetal heart tones	Routine, Continuous Type: Continuous L&D Pre-Delivery
<input type="checkbox"/> Fetal nonstress test	Routine, Every shift, L&D Pre-Delivery
<input type="checkbox"/> Tocometry	Routine, Until discontinued, Starting S Type: Continuous L&D Pre-Delivery

### Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient., L&D Pre-Delivery
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<input type="checkbox"/> NPO with ice chips	Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options: 1/2 cup per hour, An NPO order without explicit exceptions means nothing can be given orally to the patient., L&D Pre-Delivery
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<input type="checkbox"/> Diet - Clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: L&D Pre-Delivery
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<input checked="" type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: L&D Pre-Delivery
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**Consent**

<input checked="" type="checkbox"/> Complete Consent Form	Routine, Once Consent For: Delivery Procedure: Vaginal delivery of fetus and placenta with possible cesarean section, possible episiotomy, and possible use of vacuum/forceps. Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? L&D Pre-Delivery
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**IV Fluids**

**Maintenance IV Fluids**

<input checked="" type="checkbox"/> lactated ringers bolus	intravenous, once, For 1 Doses, L&D Pre-Delivery
<input checked="" type="checkbox"/> lactated Ringer's infusion	125 mL/hr, intravenous, continuous, L&D Pre-Delivery
<input type="checkbox"/> dextrose 5 % and lactated Ringer's infusion	125 mL/hr, intravenous, continuous, L&D Pre-Delivery
<input type="checkbox"/> sodium chloride 0.45 % infusion	125 mL/hr, intravenous, continuous, L&D Pre-Delivery

**Peripheral IV Access**

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once, L&D Pre-Delivery
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled, L&D Pre-Delivery if IV is saline locked
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care, L&D Pre-Delivery

**Medications**

**Medications**

<input type="checkbox"/> prenatal multivitamin tab/cap	1 each, oral, daily, L&D Pre-Delivery
<input type="checkbox"/> betamethasone acet & sod phos (CELESTONE) injection	12 mg, intramuscular, every 24 hours, For 2 Doses, L&D Pre-Delivery
<input type="checkbox"/> ferrous sulfate tablet	325 mg, oral, daily, L&D Pre-Delivery

**Antibiotics**

Please select the appropriate indication(s):

Asymptomatic Bacteriuria or Acute Cystitis (Single Response)

<input type="checkbox"/> nitrofurantoin (MACRODANTIN) capsule - USE ONLY DURING SECOND OR THIRD TRIMESTER	100 mg, oral, 2 times daily, L&D Pre-Delivery USE ONLY DURING SECOND OR THIRD TRIMESTER. Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital
<input type="checkbox"/> cefuroxime (CEFTIN) tablet	500 mg, oral, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital
<input type="checkbox"/> fosfomycin (MONUROL) packet	3 g, oral, once, For 1 Doses, L&D Pre-Delivery Reason for Therapy: Bacterial Infection Documented Indication: Uro/Genital
<input type="checkbox"/> cefpodoxime (VANTIN) tablet	100 mg, oral, every 12 hours, L&D Pre-Delivery Reason for Therapy: Bacterial Infection Documented Indication: Uro/Genital

Acute Pyelonephritis (Single Response)

Does your patient have a SEVERE penicillin or cephalosporin allergy ?

No (Single Response)

<input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, Administer over: 30 Minutes, every 24 hours, L&D Pre-Delivery Reason for Therapy: Bacterial Infection Documented Indication: Uro/Genital
<input type="checkbox"/> ceFEPime (MAXIPIME) IV	1 g, intravenous, every 8 hours, L&D Pre-Delivery Reason for Therapy: Bacterial Infection Documented Indication: Uro/Genital
<input type="checkbox"/> If history of multi-drug resistant infection, severe pyelonephritis with an impaired immune system and/or incomplete urinary drainage (Single Response)	
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, Administer over: 30 Minutes, every 6 hours, L&D Pre-Delivery Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital
<input type="checkbox"/> meropenem (MERREM) IV	500 mg, intravenous, every 6 hours, L&D Pre-Delivery Reason for Therapy: Bacterial Infection Suspected Indication: Uro/Genital

Yes (Single Response)

<input type="checkbox"/> aztreonam (AZACTAM) IV	1 g, intravenous, every 8 hours, L&D Pre-Delivery Reason for Therapy: Bacterial Infection Documented Indication: Uro/Genital
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**Gastrointestinal Care**

<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily, L&D Pre-Delivery
<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, nightly PRN, constipation, L&D Pre-Delivery
<input type="checkbox"/> aluminum-magnesium hydroxide (MAALOX) suspension	30 mL, oral, 3 times daily with meals, L&D Pre-Delivery
<input type="checkbox"/> calcium carbonate (TUMS) chewable tablet	500 mg of Calcium Carbonate, oral, 3 times daily, L&D Pre-Delivery

**Tocolytic**

Option 1: terbutaline (BRETHINE) IV Initial Doses and Oral Maintenance Dose

**"Followed by" Linked Panel**

<input type="checkbox"/> Initial Doses - terbutaline (BRETHINE) injection - 1st dose	0.25 mg, subcutaneous, once, For 1 Doses, L&D Pre-Delivery Stop at second dose if effective. Hold if maternal heart rate is GREATER than 120.
<input type="checkbox"/> terbutaline (BRETHINE) injection - 2nd dose	0.25 mg, subcutaneous, once, Starting H+20 Minutes, For 1 Doses, L&D Pre-Delivery Stop at second dose if effective. Hold if maternal heart rate is GREATER than 120.

<input type="checkbox"/> terbutaline (BRETHINE) injection - 3rd dose	0.25 mg, subcutaneous, once, Starting H+40 Minutes, For 1 Doses, L&D Pre-Delivery Hold if maternal heart rate is GREATER than 120.
<input type="checkbox"/> Maintenance Dose - terbutaline (BRETHINE) tablet	5 mg, oral, every 4 hours, Starting H+41 Minutes, L&D Pre-Delivery Hold if maternal heart rate is GREATER than 120.
<input type="checkbox"/> NIFEdipine (PROCARDIA) capsule	10 mg, oral, every 4 hours PRN, high blood pressure, for Tocolysis, L&D Pre-Delivery Maximum Dose of 160 mg/day. BP & HR HOLD parameters for this order: Hold Parameters requested BP & HR HOLD for: Systolic BP LESS than 100 mmHg HOLD for: Contact Physician if:
<input type="checkbox"/> albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 4 hours PRN, wheezing, shortness of breath, L&D Pre-Delivery Aerosol Delivery Device:

### Antihypertensives

<input type="checkbox"/> methyldopa (ALDOMET) tablet	250 mg, oral, every 8 hours scheduled, L&D Pre-Delivery BP & HR HOLD parameters for this order: Hold Parameters requested BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm HOLD for: Heart Rate LESS than 50 bpm Contact Physician if:
<input type="checkbox"/> labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily at 0600, 1800, L&D Pre-Delivery BP & HR HOLD parameters for this order: Hold Parameters requested BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm HOLD for: Contact Physician if: Systolic BP GREATER than or EQUAL to 160 mmHg or Diastolic BP GREATER than 100 mmHg.
<input type="checkbox"/> NIFEdipine XL (PROCARDIA XL) 24 hr tablet	30 mg, oral, daily, L&D Pre-Delivery BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Systolic BP LESS than 100 mmHg Contact Physician if: Systolic BP GREATER than or EQUAL to 160 mmHg or Diastolic BP GREATER than 100 mmHg.

### magnesium sulfate Bolus and Maintenance Options (Single Response)

DISCONTINUE INFUSION IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

<input type="checkbox"/> Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate, oliguria (less than 35 milliliters/hour), shortness of breath or tightness in chest	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/> Magnesium Level	Once After loading dose (MD to enter repeat order information), L&D Pre-Delivery
<input type="checkbox"/> Magnesium Level	Once (MD to enter repeat order information), L&D Pre-Delivery
<input type="checkbox"/> magnesium sulfate 4 gm Loading and Maintenance Infusion	DISCONTINUE INFUSION IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.

<input type="checkbox"/>	Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate, oliguria (less than 35 milliliters/hour), shortness of breath or tightness in chest	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/>	Magnesium level	Once After loading dose (MD to enter repeat order information), L&D Pre-Delivery
<input type="checkbox"/>	Magnesium level	Once (MD to enter repeat order information), L&D Pre-Delivery
<input type="checkbox"/>	magnesium sulfate 4 gm IV Loading Dose + Maintenance infusion	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/>	Loading Dose - magnesium sulfate 4 grams IV bolus from bag	4 g, intravenous, Administer over: 30 Minutes, once, For 1 Doses Loading Dose - Bolus from Bag
<input type="checkbox"/>	Maintenance Dose - magnesium sulfate IV	intravenous, continuous, Starting H+30 Minutes, L&D Pre-Delivery
( ) magnesium sulfate 6 gm Loading and Maintenance Infusion		
DISCONTINUE INFUSION IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.		

<input type="checkbox"/>	Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate, oliguria (less than 30 milliliters/hour), shortness of breath or tightness in chest	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/>	Magnesium level	Once After loading dose (MD to enter repeat order information), L&D Pre-Delivery
<input type="checkbox"/>	Magnesium level	Once (MD to enter repeat order information)
<input type="checkbox"/>	magnesium sulfate 6 gm IV Loading Dose + Maintenance infusion	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/>	Loading Dose - magnesium sulfate 6 grams IV bolus from bag	6 g, intravenous, Administer over: 30 Minutes, once, For 1 Doses Loading Dose - Bolus from Bag
<input type="checkbox"/>	Maintenance Dose - magnesium sulfate IV	intravenous, continuous, Starting H+30 Minutes, L&D Pre-Delivery

## Medications PRN

### PRN Medications

<input checked="" type="checkbox"/>	PRN Antipyretics (Single Response)	
( )	acetaminophen (TYLENOL) tablet	oral, every 6 hours PRN, fever, For temperature GREATER than 100.3, L&D Pre-Delivery
<input checked="" type="checkbox"/>	PRN Antihypertensives	
<input type="checkbox"/>	For blood pressure GREATER than or EQUAL to 160mmHg - labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily PRN, high blood pressure, L&D Pre-Delivery For Systolic blood pressure GREATER than or EQUAL to 160mmHg. DO NOT give incremental dosing as this will compromise fetal circulation. BP & HR HOLD parameters for this order: Contact Physician if: Systolic BP GREATER than 160mmHg and Diastolic BP GREATER than 110 mmHg
<input type="checkbox"/>	hydrALAZINE (APRESOLINE) tablet	5 mg, oral, every 6 hours PRN, high blood pressure, L&D Pre-Delivery For blood pressure GREATER than 160 mmHg. DO NOT give incremental dosing as this will compromise fetal circulation. BP HOLD parameters for this order: Contact Physician if:
<input checked="" type="checkbox"/>	PRN Gastrointestinal Care	
<input type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, nightly PRN, constipation, L&D Pre-Delivery
<input type="checkbox"/>	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, L&D Pre-Delivery
<input type="checkbox"/>	alum-mag hydroxide-simeth (MAALOX MAX) 400-400-40 mg/5 mL suspension	30 mL, oral, every 3 hours PRN, indigestion, L&D Pre-Delivery

**Antiemetics - HHM, HMSJ, HMW, HMSTC, HMTW Only**

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

**Antiemetics - HMSL, HMWB Only**

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

**Antiemetics - HMSTJ Only**

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

**Insomnia: Diphenhydramine**



**VTE****DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)**

VTE/DVT Risk Definitions

URL: "\\appt1\epicappprod\Restricted\OrderSets\VTE Risk Assessment Tool v7\_MAK FINAL.pdf"

**( ) LOW Risk of DVT (Selection Required)**

Anticipated admission LESS than or EQUAL to 72 hours.

Does not meet moderate or high risk criteria:

Moderate Risk High Risk

Anticipated or actual LOS admission GREATER than or EQUAL to 72 hours High risk thrombophilia with no prior VTE

Prior idiopathic, or estrogen related VTE

Low risk thrombophilia AND family hisotry of VTE OR single prior VTE

Receiving outpatient prophylactic LMWH or UFH

**[ ] Low risk of VTE**

Routine, Once

Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory  
L&D Pre-Delivery**[ ] Place sequential compression device (Single Response)****( )** Contraindications exist for mechanical prophylaxis

Routine, Once

No mechanical VTE prophylaxis due to the following contraindication(s):  
L&D Pre-Delivery**( )** Place/Maintain sequential compression device continuous

Routine, Continuous

While in bed AND until fully ambulatory. Encourage early ambulation.  
Avoid dehydration., L&D Pre-Delivery**( ) MODERATE Risk of DVT (Selection Required)**

Anticipated or actual LOS admission GREATER than 72 hours; does not meet High risk criteria. CONSIDER prophylactic LMWH/UFH (consult Anesthesia for delivery considerations)

High Risk

High risk thrombophilia with no prior VTE

Prior idiopathic, or estrogen related VTE

Low risk thrombophilia AND family hisotry of VTE OR single prior VTE

Receiving outpatient prophylactic LMWH or UFH

**[ ] Moderate Risk (Selection Required)****[ ]** Moderate risk of VTE

Routine, Once, L&amp;D Pre-Delivery

**[ ] Mechanical Prophylaxis (Single Response) (Selection Required)****( )** Contraindications exist for mechanical prophylaxis

Routine, Once

No mechanical VTE prophylaxis due to the following contraindication(s):  
L&D Pre-Delivery**( )** Place/Maintain sequential compression device continuous

Routine, Continuous

SCD throughout hospitalization. Encourage early ambulation. Avoid dehydration., L&amp;D Pre-Delivery

**[ ] Pharmacological Prophylaxis (Selection Required)****[ ]** Prophylaxis (Single Response)**( )** enoxaparin (LOVENOX) injection (Single Response)**( )** enoxaparin (LOVENOX) injection40 mg, subcutaneous, daily at 1700, L&D Pre-Delivery  
Indication(s): VTE Prophylaxis**( )** CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection30 mg, subcutaneous, daily at 1700, L&D Pre-Delivery  
Indication(s): VTE Prophylaxis**( )** BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection40 mg, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery  
Indication(s): VTE Prophylaxis**( )** HEParin subcutaneous (Single Response)**( )** First Trimester - HEParin subcutaneous

5,000 Units, subcutaneous, every 12 hours scheduled, L&amp;D Pre-Delivery

<input type="checkbox"/> Second Trimester - HEParin subcutaneous	7,500 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
<input type="checkbox"/> Third Trimester - HEParin subcutaneous	
<input type="checkbox"/> HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
<input type="checkbox"/> Partial thromboplastin time, activated	Once For 1 Occurrences Obtain prior to heparin dose, L&D Pre-Delivery
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/> Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="checkbox"/> HIGH Risk of DVT - Prophylaxis (Selection Required)	
High risk thrombophilia with no prior VTE	
Prior idiopathic or estrogen related VTE	
Low risk thrombophilia AND (family history of VTE OR single prior VTE)	
Receiving outpatient prophylactic LMWH or UFH	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Pharmacological Prophylaxis (Selection Required)	
<input type="checkbox"/> Pharmacological Prophylaxis (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700, L&D Pre-Delivery Indication(s): VTE Prophylaxis
<input type="checkbox"/> CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, L&D Pre-Delivery Indication(s): VTE Prophylaxis
<input type="checkbox"/> BMI GREATER THAN 40 kg/m <sup>2</sup> - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery Indication(s): VTE Prophylaxis
<input type="checkbox"/> HEParin subcutaneous (Single Response)	
<input type="checkbox"/> First Trimester - HEParin subcutaneous	5,000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
<input type="checkbox"/> Second Trimester - HEParin subcutaneous	7,500 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
<input type="checkbox"/> Third Trimester - HEParin subcutaneous	
<input type="checkbox"/> HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
<input type="checkbox"/> Partial thromboplastin time, activated	Once For 1 Occurrences Obtain prior to heparin dose, L&D Pre-Delivery
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/> Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., L&D Pre-Delivery
<input type="checkbox"/> HIGH Risk of DVT - Therapeutic (Selection Required)	

Patients already receiving outpatient therapeutic LMWH or UFH  
Multiple prior VTEs  
High risk thrombophilia AND prior VTE

High Risk (Selection Required)

High risk of VTE Routine, Once, L&D Pre-Delivery

Pharmacological Prophylaxis (Selection Required)

Pharmacological Prophylaxis (Single Response)

enoxaparin (LOVENOX) injection

enoxaparin (LOVENOX) injection 1 mg/kg, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery  
Indication(s):

Basic metabolic panel - STAT STAT For 1 Occurrences, L&D Pre-Delivery

Anti Xa, low molecular weight Once  
Heparin Name:  
L&D Pre-Delivery

CrCl LESS THAN 30 mL/min - enoxaparin (LOVENOX)  
injection

enoxaparin (LOVENOX) injection 1 mg/kg, subcutaneous, every 24 hours scheduled, L&D Pre-Delivery  
Indication(s):

Basic metabolic panel - STAT STAT For 1 Occurrences, L&D Pre-Delivery

Anti Xa, low molecular weight Once  
Heparin Name:  
L&D Pre-Delivery

Pharmacy Consult to Manage Heparin:  
STANDARD dose protocol (DVT/PE) STAT, Until discontinued, Starting S  
Heparin Indication:

Specify:  
Specify:  
Monitoring:

Contraindications exist for pharmacologic  
prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following  
contraindication(s):  
L&D Pre-Delivery

Consult Anesthesiology Reason for Consult?  
Patient/Clinical information communicated?  
Patient/clinical information communicated?  
L&D Pre-Delivery

Mechanical Prophylaxis (Single Response) (Selection  
Required)

Contraindications exist for mechanical  
prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):  
L&D Pre-Delivery

Place/Maintain sequential compression  
device continuous Routine, Continuous  
While in bed AND until fully ambulatory, L&D Pre-Delivery

Patient currently has an active order for therapeutic  
anticoagulant or VTE prophylaxis with Risk Stratification  
(Single Response) (Selection Required)

Moderate Risk - Patient currently has an active order for  
therapeutic anticoagulant or VTE prophylaxis (Selection  
Required)

Moderate risk of VTE Routine, Once, L&D Pre-Delivery

Patient currently has an active order for  
therapeutic anticoagulant or VTE  
prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis because: patient is already on  
therapeutic anticoagulation for other indication.  
Therapy for the following:  
L&D Pre-Delivery

Place sequential compression device (Single Response)

Contraindications exist for mechanical  
prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following  
contraindication(s):  
L&D Pre-Delivery

Place/Maintain sequential compression  
device continuous Routine, Continuous, L&D Pre-Delivery

<input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: L&D Pre-Delivery
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, L&D Pre-Delivery
<input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: L&D Pre-Delivery
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, L&D Pre-Delivery
<input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: L&D Pre-Delivery
<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, L&D Pre-Delivery

**DVT Risk and Prophylaxis Tool (Single Response)**

VTE/DVT Risk Definitions

URL: "\\appt1\epicapprod\Restricted\OrderSets\VTE Risk Assessment Tool v7\_MAK FINAL.pdf"

LOW Risk of DVT (Selection Required)

Anticipated admission LESS than or EQUAL to 72 hours.

Does not meet moderate or high risk criteria:

Moderate Risk High Risk

Anticipated or actual LOS admission GREATER than or EQUAL to 72 hours High risk thrombophilia with no prior VTE

Prior idiopathic, or estrogen related VTE

Low risk thrombophilia AND family history of VTE OR single prior VTE

Receiving outpatient prophylactic LMWH or UFH

<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory L&D Pre-Delivery
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<input type="checkbox"/> Place sequential compression device (Single Response)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., L&D Pre-Delivery

MODERATE Risk of DVT (Selection Required)

Anticipated or actual LOS admission GREATER than 72 hours; does not meet High risk criteria. CONSIDER prophylactic LMWH/UFH (consult Anesthesia for delivery considerations)

High Risk

High risk thrombophilia with no prior VTE

Prior idiopathic, or estrogen related VTE

Low risk thrombophilia AND family history of VTE OR single prior VTE

Receiving outpatient prophylactic LMWH or UFH

<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous SCD throughout hospitalization. Encourage early ambulation. Avoid dehydration., L&D Pre-Delivery

<input type="checkbox"/> Pharmacological Prophylaxis (Selection Required)	
<input type="checkbox"/> Prophylaxis (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700, L&D Pre-Delivery Indication(s): VTE Prophylaxis
<input type="checkbox"/> CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, L&D Pre-Delivery Indication(s): VTE Prophylaxis
<input type="checkbox"/> BMI GREATER THAN 40 kg/m <sup>2</sup> - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery Indication(s): VTE Prophylaxis
<input type="checkbox"/> HEParin subcutaneous (Single Response)	
<input type="checkbox"/> First Trimester - HEParin subcutaneous	5,000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
<input type="checkbox"/> Second Trimester - HEParin subcutaneous	7,500 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
<input type="checkbox"/> Third Trimester - HEParin subcutaneous	
<input type="checkbox"/> HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
<input type="checkbox"/> Partial thromboplastin time, activated	Once For 1 Occurrences Obtain prior to heparin dose, L&D Pre-Delivery

<input type="radio"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/> Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="radio"/> HIGH Risk of DVT - Prophylaxis (Selection Required)	
High risk thrombophilia with no prior VTE Prior idiopathic or estrogen related VTE Low risk thrombophilia AND (family history of VTE OR single prior VTE) Receiving outpatient prophylactic LMWH or UFH	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Pharmacological Prophylaxis (Selection Required)	
<input type="checkbox"/> Pharmacological Prophylaxis (Single Response)	
<input type="radio"/> enoxaparin (LOVENOX) injection (Single Response)	
<input type="radio"/> enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700, L&D Pre-Delivery Indication(s): VTE Prophylaxis
<input type="radio"/> CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, L&D Pre-Delivery Indication(s): VTE Prophylaxis
<input type="radio"/> BMI GREATER THAN 40 kg/m <sup>2</sup> - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery Indication(s): VTE Prophylaxis
<input type="radio"/> HEParin subcutaneous (Single Response)	
<input type="radio"/> First Trimester - HEParin subcutaneous	5,000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
<input type="radio"/> Second Trimester - HEParin subcutaneous	7,500 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
<input type="radio"/> Third Trimester - HEParin subcutaneous	
<input type="checkbox"/> HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery
<input type="checkbox"/> Partial thromboplastin time, activated	Once For 1 Occurrences Obtain prior to heparin dose, L&D Pre-Delivery
<input type="radio"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/> Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="radio"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="radio"/> Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., L&D Pre-Delivery
<input type="radio"/> HIGH Risk of DVT - Therapeutic (Selection Required)	
Patients already receiving outpatient therapeutic LMWH or UFH Multiple prior VTEs High risk thrombophilia AND prior VTE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Pharmacological Prophylaxis (Selection Required)	
<input type="checkbox"/> Pharmacological Prophylaxis (Single Response)	
<input type="radio"/> enoxaparin (LOVENOX) injection	

<input type="checkbox"/>	enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 12 hours scheduled, L&D Pre-Delivery Indication(s):
<input type="checkbox"/>	Basic metabolic panel - STAT	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Anti Xa, low molecular weight	Once Heparin Name: L&D Pre-Delivery
<input type="checkbox"/> CrCl LESS THAN 30 mL/min - enoxaparin (LOVENOX) injection		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 24 hours scheduled, L&D Pre-Delivery Indication(s):
<input type="checkbox"/>	Basic metabolic panel - STAT	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Anti Xa, low molecular weight	Once Heparin Name: L&D Pre-Delivery
<input type="checkbox"/>	Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)	STAT, Until discontinued, Starting S Heparin Indication: Specify: Specify: Monitoring:
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/>	Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory, L&D Pre-Delivery
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)		
<input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)		
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/>	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: L&D Pre-Delivery
<input type="checkbox"/> Place sequential compression device (Single Response)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, L&D Pre-Delivery
<input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)		
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/>	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: L&D Pre-Delivery

<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, L&D Pre-Delivery
<input type="checkbox"/>	High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/>	High risk of VTE	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/>	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: L&D Pre-Delivery
<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, L&D Pre-Delivery
<input type="checkbox"/>	High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/>	High risk of VTE	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/>	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: L&D Pre-Delivery
<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): L&D Pre-Delivery
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous, L&D Pre-Delivery

## Labs

### COVID-19 Qualitative PCR

<input type="checkbox"/>	COVID-19 qualitative RT-PCR - Nasal Swab	STAT For 1 Occurrences Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes L&D Pre-Delivery
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### Hematology/Coagulation

<input type="checkbox"/>	CBC	Once, L&D Pre-Delivery
<input type="checkbox"/>	CBC with differential	Once, L&D Pre-Delivery
<input type="checkbox"/>	D-dimer, quantitative	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fibrinogen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Prothrombin time with INR	Once, L&D Pre-Delivery
<input type="checkbox"/>	Partial thromboplastin time	Once, L&D Pre-Delivery

### Chemistry HMM

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery



<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): L&D Pre-Delivery
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input type="checkbox"/>	POC Amnisure	Once, L&D Pre-Delivery
<input type="checkbox"/>	Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and screen, obstetrical patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery

#### Chemistry HMB

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fern test	Once, Vaginal fluid, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): L&D Pre-Delivery
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and screen, obstetrical patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery

#### Chemistry HMWB

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery

<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): L&D Pre-Delivery
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input type="checkbox"/>	POC Amnisure	Once, L&D Pre-Delivery
<input type="checkbox"/>	Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and screen, obstetrical patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery

#### Chemistry HMSL

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fern test	Once, Vaginal fluid, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Pre-op
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input type="checkbox"/>	Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and screen, obstetrical patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery

#### Chemistry HMW

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery

<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): L&D Pre-Delivery
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input type="checkbox"/>	Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and screen, obstetrical patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery

#### Chemistry HMTW

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fern test	Once, Vaginal fluid, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): L&D Pre-Delivery
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and screen, obstetrical patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery

#### Chemistry HMCL

<input type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On Admission, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Daily Fasting, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, As directed 1 hour post prandial, L&D Pre-Delivery

<input type="checkbox"/>	Bedside glucose	Routine, As directed 2 hours post prandial, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	Once, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): L&D Pre-Delivery
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once, L&D Pre-Delivery
<input checked="" type="checkbox"/>	Type and screen, obstetrical patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Clean catch midstream, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis with microscopic	Once Catheter, L&D Pre-Delivery

### Microbiology

<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: L&D Pre-Delivery
<input type="checkbox"/>	Neisseria gonorrhoeae by PCR	Once Urine is the only acceptable source for patients less than or equal to 13 years old. Specimen source: Urine Specimen Source: Specimen Site: L&D Pre-Delivery
<input type="checkbox"/>	Chlamydia trachomatis by PCR	Once Urine is the only acceptable source for patients less than or equal to 13 years old. Specimen source: Urine Specimen Source: Specimen Site: L&D Pre-Delivery
<input type="checkbox"/>	Beta Strep Screen Culture with Lim Broth	Once, Vaginal, L&D Pre-Delivery

### Pre-Eclamptic Lab Panel

<input type="checkbox"/>	Pre-Eclamptic Lab Panel	
<input type="checkbox"/>	CBC with differential	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Prothrombin time with INR	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Partial thromboplastin time	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Fibrinogen	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	LDH	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Urine Protein and Creatinine	
<input type="checkbox"/>	Creatinine level, urine, random	Once For 1 Occurrences, Post-op
<input type="checkbox"/>	Protein, urine, random	Once For 1 Occurrences, Post-op

### 24 Hour urine

<input checked="" type="checkbox"/>	Creatinine clearance, urine, 24 hour	Once, L&D Pre-Delivery
<input checked="" type="checkbox"/>	Protein, urine, 24 hour	Once, L&D Pre-Delivery

## Cardiology

## Imaging

### Ultrasound

<input type="checkbox"/>	US Fetal Biophysical Profile	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , L&D Pre-Delivery
<input type="checkbox"/>	US Pregnancy Greater Than 14 Weeks	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , L&D Pre-Delivery
<input type="checkbox"/>	Ultrasound OB limited 1 + fetuses	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , L&D Pre-Delivery

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

### Physician Consults

<input type="checkbox"/>	Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="checkbox"/>	Consult Maternal and Fetal Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="checkbox"/>	Consult Neonatology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery

### Ancillary consults

<input type="checkbox"/>	Consult Maternal Fetal Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="checkbox"/>	Consult Neonatology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="checkbox"/>	Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: L&D Pre-Delivery
<input type="checkbox"/>	Consult to Social Work	Reason for Consult: L&D Pre-Delivery
<input type="checkbox"/>	Consult to Nutrition Services	Reason For Consult? Purpose/Topic: L&D Pre-Delivery
<input type="checkbox"/>	Consult to Spiritual Care	Reason for consult? L&D Pre-Delivery

## Additional Orders