

General

Code Status

- Full code Code Status decision reached by: Patient by means of Oral Directive
L&D Pre-Delivery

- DNR (Do Not Resuscitate) (Selection Required)
 - DNR (Do Not Resuscitate) Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
L&D Pre-Delivery

 - Consult to Palliative Care Service
 - Consult to Palliative Care Service Priority:
Reason for Consult?
Order?
Name of referring provider:
Enter call back number:

 - Consult to Social Work Reason for Consult:
L&D Pre-Delivery

- Modified Code Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Modified Code restrictions:
L&D Pre-Delivery

- 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.
Treatment Restriction decision reached by:
Specify Treatment Restrictions:
L&D Pre-Delivery

Isolation

- Airborne isolation status
 - Airborne isolation status Details
 - Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Once, L&D Pre-Delivery

- Contact isolation status Details

- Droplet isolation status Details

- Enteric isolation status Details

Precautions

- Aspiration precautions L&D Pre-Delivery

- Fall precautions Increased observation level needed:
On Admission and every 8 hours, L&D Pre-Delivery

- Latex precautions L&D Pre-Delivery

- Seizure precautions Increased observation level needed:
L&D Pre-Delivery

Common Present on Admission Diagnosis

- Acidosis L&D Pre-Delivery

- Acute Post-Hemorrhagic Anemia L&D Pre-Delivery

- Acute Renal Failure L&D Pre-Delivery

- Acute Respiratory Failure L&D Pre-Delivery

- Acute Thromboembolism of Deep Veins of Lower Extremities L&D Pre-Delivery

- 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 Flat, L&D Pre-Delivery
<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"/>	Ambulate with assistance	Routine, 3 times daily Specify: with assistance L&D Pre-Delivery

Vital Signs

<input checked="" type="checkbox"/>	Vital signs - T/P/R/BP - Per unit protocol	Routine, Per unit protocol, L&D Pre-Delivery
<input type="checkbox"/>	Pulse oximetry	Routine, Continuous Current FIO2 or Room Air: L&D Pre-Delivery
<input type="checkbox"/>	Pulse oximetry	Routine, Once For 1 Occurrences Current FIO2 or Room Air: L&D Pre-Delivery
<input type="checkbox"/>	Pain Assessment	Routine, Per unit protocol Assess: Pain L&D Pre-Delivery

Nursing Care

<input type="checkbox"/>	Apply external fetal monitor	
<input type="checkbox"/>	Monitor fetal heart tones continuous	Routine, Continuous Type: Continuous L&D Pre-Delivery
<input type="checkbox"/>	Monitor fetal heart tones intermittent	Routine, Continuous Type: Intermittent L&D Pre-Delivery

<input type="checkbox"/>	Fetal nonstress test	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/>	Tocometry	Routine, Until discontinued, Starting S Type: Continuous L&D Pre-Delivery
<input type="checkbox"/>	Apply internal fetal monitor (FSE)	
<input type="checkbox"/>	Fetal scalp monitor	Routine, Continuous Indication: May place Fetal Scalp Electrode if unable to adequately monitor fetal heart tones and membranes are ruptured. May place if GBS positive: Yes L&D Pre-Delivery
<input type="checkbox"/>	POC nitrazine	Once Rule out ruptured membranes, L&D Pre-Delivery
<input type="checkbox"/>	Sterile vaginal exam	Routine, Once Perform sterile vaginal exam to monitor progression or if clinically indicated, L&D Pre-Delivery
<input type="checkbox"/>	No sterile vaginal exam	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/>	Sterile speculum exam	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/>	Encourage fluids	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/>	Discharge instructions for Nursing	Routine, Once Send patient home with precautions, L&D Pre-Delivery

Nursing Care

<input type="checkbox"/>	Apply external fetal monitor	
<input type="checkbox"/>	Monitor fetal heart tones continuous	Routine, Continuous Type: Continuous L&D Pre-Delivery
<input type="checkbox"/>	Monitor fetal heart tones intermittent	Routine, Continuous Type: Intermittent L&D Pre-Delivery
<input type="checkbox"/>	Fetal nonstress test	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/>	Tocometry	Routine, Until discontinued, Starting S Type: Continuous L&D Pre-Delivery
<input type="checkbox"/>	Apply internal fetal monitor (FSE)	
<input type="checkbox"/>	Fetal scalp monitor	Routine, Continuous Indication: May place Fetal Scalp Electrode if unable to adequately monitor fetal heart tones and membranes are ruptured. May place if GBS positive: Yes L&D Pre-Delivery
<input type="checkbox"/>	POC AmnioTest	Once Rule out ruptured membranes, L&D Pre-Delivery
<input type="checkbox"/>	Sterile vaginal exam	Routine, Once Perform sterile vaginal exam to monitor progression or if clinically indicated, L&D Pre-Delivery
<input type="checkbox"/>	No sterile vaginal exam	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/>	Sterile speculum exam	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/>	Encourage fluids	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/>	Discharge instructions for Nursing	Routine, Once Send patient home with precautions, L&D Pre-Delivery

Nursing Care

<input type="checkbox"/>	Apply external fetal monitor	
<input type="checkbox"/>	Monitor fetal heart tones continuous	Routine, Continuous Type: Continuous L&D Pre-Delivery
<input type="checkbox"/>	Monitor fetal heart tones intermittent	Routine, Continuous Type: Intermittent L&D Pre-Delivery
<input type="checkbox"/>	Fetal nonstress test	Routine, Once, L&D Pre-Delivery

<input type="checkbox"/> Tocometry	Routine, Until discontinued, Starting S Type: Continuous L&D Pre-Delivery
<input type="checkbox"/> Apply internal fetal monitor (FSE)	
<input type="checkbox"/> Fetal scalp monitor	Routine, Continuous Indication: May place Fetal Scalp Electrode if unable to adequately monitor fetal heart tones and membranes are ruptured. May place if GBS positive: Yes L&D Pre-Delivery
<input type="checkbox"/> POC Amnisure	Once Rule out ruptured membranes, L&D Pre-Delivery
<input type="checkbox"/> Sterile vaginal exam	Routine, Once Perform sterile vaginal exam to monitor progression or if clinically indicated, L&D Pre-Delivery
<input type="checkbox"/> No sterile vaginal exam	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/> Sterile speculum exam	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Encourage fluids	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/> Discharge instructions for Nursing	Routine, Once Send patient home with precautions, L&D Pre-Delivery

Nursing Care

<input type="checkbox"/> Apply external fetal monitor	
<input type="checkbox"/> Monitor fetal heart tones continuous	Routine, Continuous Type: Continuous L&D Pre-Delivery
<input type="checkbox"/> Monitor fetal heart tones intermittent	Routine, Continuous Type: Intermittent L&D Pre-Delivery
<input type="checkbox"/> Fetal nonstress test	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Tocometry	Routine, Until discontinued, Starting S Type: Continuous L&D Pre-Delivery
<input type="checkbox"/> Apply internal fetal monitor (FSE)	
<input type="checkbox"/> Fetal scalp monitor	Routine, Continuous Indication: May place Fetal Scalp Electrode if unable to adequately monitor fetal heart tones and membranes are ruptured. May place if GBS positive: Yes L&D Pre-Delivery
<input type="checkbox"/> Amnisure	Once, Amniotic fluid Rule out ruptured membranes, L&D Pre-Delivery
<input type="checkbox"/> Sterile vaginal exam	Routine, Once Perform sterile vaginal exam to monitor progression or if clinically indicated, L&D Pre-Delivery
<input type="checkbox"/> No sterile vaginal exam	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/> Sterile speculum exam	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> Encourage fluids	Routine, Until discontinued, Starting S, L&D Pre-Delivery
<input type="checkbox"/> Discharge instructions for Nursing	Routine, Once Send patient home with precautions, L&D Pre-Delivery

Notify

<input checked="" type="checkbox"/> Notify Physician when initial assessment is complete OR within one hour.	Routine, Until discontinued, Starting S, L&D Pre-Delivery
--	---

Diet

<input checked="" 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
---	--

<input type="checkbox"/> Diet - Clear Liquid	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
<input 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
<input type="checkbox"/> Diet -	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid: L&D Pre-Delivery

IV Fluids

IV Fluids

<input type="checkbox"/> lactated ringers infusion And bolus	"And" Linked Panel
<input type="checkbox"/> lactated Ringer's infusion	125 mL/hr, intravenous, continuous, L&D Pre-Delivery
<input type="checkbox"/> lactated Ringer's bolus from bag	1,000 mL, intravenous, at 999 mL/hr, PRN, Bolus as needed for Non-reassuring FHR with Tachysystole, L&D Pre-Delivery

Peripheral IV Access

<input type="checkbox"/> Initiate and maintain IV	
<input type="checkbox"/> Insert peripheral IV	Routine, Once
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

Medications

Tocolytics

<input type="checkbox"/> NIFEdipine (PROCARDIA) capsule	10 mg, oral, once, For 1 Doses, L&D Pre-Delivery Nifedpine IR ordering errors have been associated with medication formulation mix-ups (Immediate Release instead of Sustained Release). Indicate that you have validated the IR formulation dose selected is as intended. Indication: BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> terbutaline (BRETHINE) injection	0.25 mg, subcutaneous, every 20 min PRN, For Tocolysis, For 3 Doses, L&D Pre-Delivery May give up to 3 doses as needed. HOLD for pulse GREATER than 120 BPM.

Mild Pain (Pain Score 1-3) (Single Response)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, once PRN, mild pain (score 1-3), L&D Pre-Delivery
---	---

Moderate Pain (Pain Score 4-6) (Single Response)

<input type="checkbox"/> fentaNYL citrate (PF) (SUBLIMAZE) injection	50 mcg, intravenous, once PRN, severe pain, L&D Pre-Delivery Allowance for Patient Preference:
<input type="checkbox"/> nalbuphine (NUBAIN) injection	5 mg, intravenous, once PRN, moderate pain (score 4-6), L&D Pre-Delivery Allowance for Patient Preference:
<input type="checkbox"/> morPHINE injection	2 mg, intravenous, once PRN, moderate pain (score 4-6), L&D Pre-Delivery Allowance for Patient Preference:

Moderate Pain (Pain Score 4-6) (Single Response)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, once PRN, moderate pain (score 4-6), L&D Pre-Delivery Allowance for Patient Preference:
<input type="checkbox"/> nalbuphine (NUBAIN) injection	5 mg, intravenous, once PRN, moderate pain (score 4-6), L&D Pre-Delivery Allowance for Patient Preference:
<input type="checkbox"/> morPHINE injection	2 mg, intravenous, once PRN, moderate pain (score 4-6), L&D Pre-Delivery Allowance for Patient Preference:

Severe Pain (Pain Score 7-10) (Single Response)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	100 mcg, intravenous, once PRN, severe pain (score 7-10), L&D Pre-Delivery Allowance for Patient Preference:
<input type="checkbox"/> nalbuphine (NUBAIN) injection	10 mg, intravenous, once PRN, severe pain (score 7-10), L&D Pre-Delivery Allowance for Patient Preference:
<input type="checkbox"/> morPHINE injection	4 mg, intravenous, once PRN, severe pain (score 7-10), L&D Pre-Delivery Allowance for Patient Preference:

PRN Antihypertensives

<input type="checkbox"/> For blood pressure GREATER than or EQUAL to 160 mmHg - labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily PRN, high blood pressure, For Systolic BP GREATER than 160mmHg and Diastolic BP GREATER than 110mmHg., L&D Pre-Delivery DO NOT give incremental dosing as this will compromise fetal circulation. BP & HR HOLD parameters for this order: Hold Parameters requested BP & HR HOLD for: HOLD for: Contact Physician if: For Systolic BP GREATER than 160mmHG and Diastolic BP GREATER than 110mmHg
<input type="checkbox"/> hydrALAZINE (APRESOLINE) tablet	5 mg, oral, every 6 hours PRN, high blood pressure, For blood pressure GREATER than 160mmHG, L&D Pre-Delivery DO NOT give incremental dosing as this will compromise fetal circulation. BP HOLD parameters for this order: Contact Physician if:

PRN Severe Hypertension

<input type="checkbox"/> NIFEdipine (PROCARDIA) capsule	10 mg, oral, once PRN, high blood pressure, for severe BP elevations of 15 min or more. Recheck BP in 15 min., For 1 Doses, L&D Pre-Delivery BP & HR HOLD parameters for this order: Contact Physician if: For Systolic BP GREATER than 160mmHG and Diastolic BP GREATER than 110mmHg
---	---

<input type="checkbox"/> labetalol (NORMODYNE, TRANDATE) injection	20 mg, intravenous, once PRN, high blood pressure, for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more., For 1 Doses, L&D Pre-Delivery Give IV Push over 2 minutes. Repeat BP measurements in 10 minutes and record results. BP & HR HOLD parameters for this order: Contact Physician if: For Systolic BP GREATER than 160mmHG and Diastolic BP GREATER than 110mmHg
--	---

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

<input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input 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 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 type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input 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 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 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 type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input 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 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 type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input 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 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 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 type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input 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 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 type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel

<input 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 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 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.

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 Please select a reason for ordering, if applicable. Laboring patient Please select a reason for ordering, if applicable. Laboring patient L&D Pre-Delivery
--------------------------	--	---

Hematology and Coagulation

<input type="checkbox"/>	CBC hemogram	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Fibrinogen	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Kleihauer-Betke	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"/>	Type and screen, obstetrical patient	STAT For 1 Occurrences, L&D Pre-Delivery

Chemistry

<input type="checkbox"/>	Basic metabolic panel	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"/>	D-dimer	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Magnesium	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	STAT For 1 Occurrences, L&D Pre-Delivery

Chemistry HMWB

<input type="checkbox"/>	Basic metabolic panel	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"/>	D-dimer	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Magnesium	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	STAT For 1 Occurrences, L&D Pre-Delivery

OB Screening Markers - HMM, HMTW, HMWB

<input type="checkbox"/>	POC Amnisure	Once, L&D Pre-Delivery
<input type="checkbox"/>	POC AmnioTest	Once Rule out ruptured membrane, L&D Pre-Delivery
<input type="checkbox"/>	Fern	STAT For 1 Occurrences, Vaginal fluid, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	POC nitrazine	Once, L&D Pre-Delivery

OB Screening Markers - HMSJ

<input type="checkbox"/>	POC AmnioTest	Once Rule out ruptured Membranes, L&D Pre-Delivery
<input type="checkbox"/>	Amnisure	STAT For 1 Occurrences, Amniotic fluid, L&D Pre-Delivery
<input type="checkbox"/>	Fern	STAT For 1 Occurrences, Vaginal fluid, L&D Pre-Delivery
<input type="checkbox"/>	Fetal fibronectin	STAT For 1 Occurrences, L&D Pre-Delivery

POC nitrazine Once, L&D Pre-Delivery

OB Screening Markers - HMCL

POC AmnioTest Once
Rule out ruptured membrane, L&D Pre-Delivery

Amnisure STAT For 1 Occurrences, Amniotic fluid, L&D Pre-Delivery

Fetal fibronectin STAT For 1 Occurrences, L&D Pre-Delivery

POC nitrazine Once, L&D Pre-Delivery

OB Screening Markers - HMSL

POC nitrazine Once, L&D Pre-Delivery

POC AmnioTest Once
Rule out ruptured Membranes, L&D Pre-Delivery

Fetal fibronectin STAT For 1 Occurrences, L&D Pre-Delivery

POC Amnisure Once, L&D Pre-Delivery

OB Screening Markers - HMW

POC nitrazine Once, L&D Pre-Delivery

POC AmnioTest Once
Rule out ruptured Membranes, L&D Pre-Delivery

Fetal fibronectin STAT For 1 Occurrences, L&D Pre-Delivery

Amnisure STAT For 1 Occurrences, Amniotic fluid, L&D Pre-Delivery

Pre-Eclamptic Lab Panel

Pre-Eclamptic Lab Panel

CBC with differential STAT For 1 Occurrences, L&D Pre-Delivery

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

Prothrombin time with INR STAT For 1 Occurrences, L&D Pre-Delivery

Partial thromboplastin time STAT For 1 Occurrences, L&D Pre-Delivery

Fibrinogen STAT For 1 Occurrences, L&D Pre-Delivery

Uric acid STAT For 1 Occurrences, L&D Pre-Delivery

LDH STAT For 1 Occurrences, L&D Pre-Delivery

Urine Protein and Creatinine

Creatinine level, urine, random Once For 1 Occurrences, Post-op

Protein, urine, random Once For 1 Occurrences, Post-op

Magnesium and D-dimer

D-dimer STAT For 1 Occurrences, L&D Pre-Delivery

Magnesium level STAT For 1 Occurrences, L&D Pre-Delivery

24 Hour urine

24 Hour urine

Creatinine clearance, urine, 24 hour Once, L&D Pre-Delivery

Protein, urine, 24 hour Once, L&D Pre-Delivery

Microbiology

STI Screen

Sexually Transmitted Infections

Chlamydia trachomatis, NAA STAT For 1 Occurrences
Specimen Source:
Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
L&D Pre-Delivery

Neisseria gonorrhoeae, NAA STAT For 1 Occurrences
Specimen Source:
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"/> Beta Strep Screen Culture with Lim Broth	Once For 1 Occurrences, Vaginal, L&D Pre-Delivery
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site: L&D Pre-Delivery
<input type="checkbox"/> Wet prep	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/> Fern	STAT For 1 Occurrences, Vaginal fluid, L&D Pre-Delivery

Microbiology - HMW, HMCL

<input type="checkbox"/> STI Screen	
<input type="checkbox"/> Sexually Transmitted Infections	
<input type="checkbox"/> Chlamydia trachomatis, NAA	STAT For 1 Occurrences Specimen Source: 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"/> Neisseria gonorrhoeae, NAA	STAT For 1 Occurrences Specimen Source: 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"/> Beta Strep Screen Culture with Lim Broth	Once, Vaginal, L&D Pre-Delivery
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site: L&D Pre-Delivery
<input type="checkbox"/> Wet prep	STAT For 1 Occurrences, L&D Pre-Delivery

Urine Dipstick HMWB

<input type="checkbox"/> Urinalysis, dipstick only	STAT For 1 Occurrences, L&D Pre-Delivery
--	--

Other Studies

Ultrasound

<input type="checkbox"/> US Fetal Biophysical Profile	STAT, 1 time imaging, Starting S at 1:00 AM For 1 , L&D Pre-Delivery
<input type="checkbox"/> US Pregnancy Transvaginal	STAT, 1 time imaging, Starting S at 1:00 AM For 1 , L&D Pre-Delivery
<input type="checkbox"/> US Pregnancy Single Less Than 14 Weeks	STAT, 1 time imaging, Starting S at 1:00 AM For 1 , L&D Pre-Delivery
<input type="checkbox"/> US Pregnancy Greater Than 14 Weeks	STAT, 1 time imaging, Starting S at 1:00 AM For 1 , L&D Pre-Delivery
<input type="checkbox"/> US Pregnancy Limited	STAT, 1 time imaging, Starting S at 1:00 AM For 1 , L&D Pre-Delivery

Consults

For Physician Consult orders use sidebar

Ancillary consults

<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 Spiritual Care	Reason for consult? L&D Pre-Delivery

