

Nursing

Notify

- [X] Notify physician if systolic blood pressure is greater than or equal to 160 mm Hg or if diastolic blood pressure is greater than or equal to 110 mm Hg Routine, Until discontinued, Starting S

Medications

Initial First-Line Management with Labetalol

[] Initial First-Line Management with Labetalol	"And" Linked Panel
[] labetalol (TRANDATE) injection	20 mg, intravenous, once PRN, high blood pressure, for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more. Dose #1 of Labetalol Give IV Push over 2 minutes Repeat BP measurements in 10 minutes and record results. BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Systolic BP LESS than 100 mmHg,Heart Rate LESS than 50 bpm Contact Physician if:
[] labetalol (TRANDATE) injection	40 mg, intravenous, once PRN, high blood pressure, If severe BP elevation persists 10 minutes AFTER the first dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses Dose #2 of Labetalol - If BP threshold still exceeded 10 minutes after first dose administered. Give IV Push over 2 minutes Repeat BP measurements in 10 minutes and record results. BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Systolic BP LESS than 100 mmHg,Heart Rate LESS than 50 bpm Contact Physician if:
[] labetalol (TRANDATE) injection	80 mg, intravenous, once PRN, high blood pressure, If severe BP elevation persists 10 minutes AFTER the second dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) Dose #3 of Labetalol - If BP threshold still exceeded 10 minutes after second dose administered. Give IV Push over 2 minutes Repeat BP measurements in 10 minutes and record results. BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Systolic BP LESS than 100 mmHg,Heart Rate LESS than 50 bpm Contact Physician if:

<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, once PRN, high blood pressure, If severe BP elevation persists 10 minutes AFTER the third dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) Give 10 minutes AFTER last dose (#3) of Labetalol If BP threshold still exceeded. Give IV Push over 2 minutes If AFTER Hydralazine administration BP is BELOW threshold, continue to monitor BP closely BP HOLD parameters for this order: BP Hold Parameters requested BP HOLD for: Systolic BP LESS than 100 mmHg Contact Physician if:
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Initial First-Line Management with Hydralazine

<input type="checkbox"/> Initial First-Line Management with Hydralazine	"And" Linked Panel
<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	5 mg, intravenous, once PRN, high blood pressure, for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more. Give IV Push over 2 minutes Repeat BP measurements in 20 minutes and record results. BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed Contact Physician if:
<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, once PRN, high blood pressure, If severe BP elevation persists 20 minutes AFTER the first dose of Hydralazine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) Dose #2 of Hydralazine - If BP threshold still exceeded 20 minutes after first dose administered. Give IV Push over 2 minutes Repeat BP measurements in 20 minutes and record results. BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed Contact Physician if:
<input type="checkbox"/> labetalol (TRANDATE) injection	20 mg, intravenous, once PRN, high blood pressure, If severe BP elevation persists 20 minutes AFTER the second dose of Hydralazine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) Dose #1 of Labetalol Give IV Push over 2 minutes Repeat BP measurements in 10 minutes and record results. BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm Contact Physician if:

labetalol (TRANDATE) injection 40 mg, intravenous, once PRN, high blood pressure, If severe BP elevation persists 10 minutes AFTER the first dose of Labetalol (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses
 Dose #2 of Labetalol - If BP threshold still exceeded 10 minutes after first dose administered.
 Give IV Push over 2 minutes
 Repeat BP measurements in 10 minutes and record results.
 If either BP threshold is still exceeded, obtain emergency consultation from maternal-fetal medicine, internal medicine, anesthesia, or critical care subspecialists. Give additional anti-hypertensive medication per specific order.
 BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested
 BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm
 Contact Physician if:

Initial First-Line Management with Oral Nifedipine

<input type="checkbox"/> Initial First-Line Management with Oral Nifedipine	"And" Linked Panel
<input type="checkbox"/> NIFEdipine (PROCARDIA) capsule	10 mg, oral, once PRN, high blood pressure, for severe blood pressure elevation (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg) persisting for 15 minutes or more., For 1 Doses Dose #1 of Nifedipine Repeat BP measurements in 20 minutes and record results. BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed Contact Physician if: Indication: Hypertensive Emergency
<input type="checkbox"/> NIFEdipine (PROCARDIA) capsule	20 mg, oral, once PRN, high blood pressure, for severe BP elevation persists 20 minutes AFTER the first dose of Nifedipine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses Dose #2 of Nifedipine Repeat BP measurements in 20 minutes and record results. If BP is BELOW threshold, continue to monitor BP closely. BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed Contact Physician if: Indication: Hypertensive Emergency
<input type="checkbox"/> labetalol (TRANDATE) injection	40 mg, intravenous, once PRN, high blood pressure, If severe BP elevation persists 20 minutes AFTER the second dose of Nifedipine (systolic BP GREATER than or EQUAL to 160 mm Hg or diastolic BP GREATER than or EQUAL to 110 mm Hg), For 1 Doses Give IV Push over 2 minutes Repeat BP measurements in 10 minutes and record results. If either BP threshold is still exceeded, obtain emergency consultation from maternal-fetal medicine, internal medicine, anesthesia, or critical care subspecialists. Give additional anti-hypertensive medication per specific order. BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Systolic BP LESS than 100 mmHg, Heart Rate LESS than 50 bpm Contact Physician if:

Labs

Pre-Eclamptic Lab Panel

<input type="checkbox"/> Pre-Eclamptic Lab Panel	
<input type="checkbox"/> CBC with differential	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences

<input type="checkbox"/>	Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/>	Fibrinogen	STAT For 1 Occurrences
<input type="checkbox"/>	Uric acid	STAT For 1 Occurrences
<input type="checkbox"/>	LDH	STAT For 1 Occurrences
<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

Consults

For Physician Consult orders use sidebar

Physician Consult

<input type="checkbox"/>	Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/>	Consult Internal Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/>	Consult Maternal and Fetal Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/>	Consult Neonatology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?