

General

Precautions

<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: Initiate seizure/ PIH precautions, L&D Pre-Delivery

ERAS Pathway

ERAS Pain Medications

<input type="checkbox"/> ibuprofen (ADVIL) tablet	800 mg, oral, every 8 hours scheduled
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours scheduled
<input type="checkbox"/> oxyCODone (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), severe pain (score 7-10) Allowance for Patient Preference:

Nursing

Activity

<input checked="" type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Postpartum
<input checked="" type="checkbox"/> Patient may shower	Routine, As needed Specify: Additional modifier: Postpartum

Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Complete vital signs every 15 minutes x 8, followed by every 4 hours x 24 hours, followed by floor protocol., Postpartum
<input type="checkbox"/> Vital signs	Routine, Per unit protocol, Postpartum

Nursing care

<input type="checkbox"/> Discontinue IV	Routine, Once Discontinue IV when infusion complete and patient is stable. May saline lock if patient still requires IV medications., Postpartum
<input type="checkbox"/> Breast pump to bed	Routine, Once, Postpartum
<input checked="" type="checkbox"/> Bladder scan	Routine, As needed If patient remains unable to void 4 hrs post straight cath, insert Foley and Notify physician, Postpartum
<input checked="" type="checkbox"/> Straight cath	Routine, Conditional Frequency For 1 Occurrences Post bladder scan: If regional block and unable to void on bedpan, may straight cath x 1 then insert foley to Bed Side Drainage (record amount obtained from straight cath)., Postpartum
<input checked="" type="checkbox"/> Insert and maintain Foley	
<input checked="" type="checkbox"/> Insert Foley catheter	Routine, Conditional Frequency For 1 Occurrences Type: Size: Urinometer needed: If regional block and unable to void on bedpan, may straight cath x 1 then insert foley to Bed Side Drainage and and notify physician. (Record urine output obtained from the straight cath)., Postpartum

<input checked="" type="checkbox"/> Foley Catheter Care	Routine, Conditional Frequency Orders: Maintain Postpartum
<input type="checkbox"/> Uterine fundal massage	Routine, Every 4 hours For Until specified Postpartum for 24 hours and PRN, Postpartum
<input type="checkbox"/> Infant skin to skin on mother immediately after birth unless not clinically appropriate	Routine, Until discontinued, Starting S, Postpartum
<input type="checkbox"/> Initiate breastfeeding immediately following delivery	Routine, Until discontinued, Starting S, Postpartum
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous, Postpartum
<input type="checkbox"/> Place antiembolic stockings	Routine, Until discontinued, Starting S, Postpartum
Perineal Care	
<input checked="" type="checkbox"/> Apply ice pack	Routine, Until discontinued, Starting S Affected area: To perineum, for 8-12 hours after delivery then may have sitz bath at least two times daily, then as needed for patient discomfort. Postpartum
<input type="checkbox"/> Sitz bath	Routine, Once Begin 8-12 hours post-delivery as needed, Postpartum
<input checked="" type="checkbox"/> Patient education- Perineal instructions post delivery	Routine, Once Patient/Family: Patient Education for: Other (specify) Specify: Perineal care instructions after delivery Postpartum
Notify	
<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 80 Diastolic BP greater than: 110 Diastolic BP less than: 50 MAP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: 24 Respiratory rate less than: 12 SpO2 less than:
<input type="checkbox"/> Notify Physician if uterus boggy and blood pressure is less than 140/90	Routine, Until discontinued, Starting S, Postpartum
<input checked="" type="checkbox"/> Notify Physician for abnormal bleeding	Routine, Until discontinued, Starting S, Postpartum
<input type="checkbox"/> Notify Lactation Specialist	Routine, Until discontinued, Starting S, To see patient, Postpartum
<input checked="" type="checkbox"/> Notify Physician for discharge order when:	Routine, Until discontinued, Starting S, Temperature is not above 100 degrees F for at least 12 hours, able to void adequately, able to verbalize discharge instructions, patient has discharge prescriptions, if indicated, Postpartum
<input checked="" type="checkbox"/> Notify Physician if foley catheter is inserted	Routine, Until discontinued, Starting S, If patient has a regional block, unable to void on bedpan and a foley is inserted, Postpartum
Diet	
<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: Postpartum

<input type="checkbox"/> Diet - Clear Liquid	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Postpartum
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Medications

Vaccines

<input checked="" type="checkbox"/> measles-mumps-rubella Vaccine	0.5 mL, subcutaneous, once PRN, immunization, Postpartum Patient Consent if Rubella Non-Immune
<input checked="" type="checkbox"/> diphtheria-pertussis-tetanus (BOOSTRIX / ADACEL) Vaccine	0.5 mL, intramuscular, once PRN, If not given during pregnancy., Postpartum Upon patient consent and prior to discharge.

Prenatal Vitamins - NOT HMH, HMWB

<input type="checkbox"/> prenatal multivitamin tab/cap	1 each, oral, daily, Postpartum
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Prenatal Vitamins - HMH, HMWB Only

<input type="checkbox"/> prenatal multivitamin tab/cap	1 each, oral, daily, Postpartum
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NALOXONE FOR OBGYN VAGINAL DELIVERY POST PARTUM OPIOID PAIN MEDICATIONS

<input checked="" type="checkbox"/> naloxone (NARCAN) 0.4 mg/mL injection	intravenous, PRN, respiratory depression, opioid reversal, L&D Pre-Delivery
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Mild Pain (Pain Score 1-3) - NOT HMSL (Single Response)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), headaches, fever, Postpartum Monitor and record pain scores and respiratory status.
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Postpartum Monitor and record pain scores and respiratory status. Allowance for Patient Preference:
<input type="checkbox"/> HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Postpartum Allowance for Patient Preference:
<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Postpartum The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:

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

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), headaches, fever, Postpartum Monitor and record pain scores and respiratory status.
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Postpartum Monitor and record pain scores and respiratory status. Allowance for Patient Preference:
<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3), Postpartum The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:

Moderate Pain (Pain Score 4-6) - NOT HMSL, HMSJ (Single Response)

() HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum Allowance for Patient Preference:
() HYDROcodone-ibuprofen (VICOPROFEN) 7.5-200 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum Allowance for Patient Preference:
() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:

Moderate Pain (Pain Score 4-6) - HMSL, HMSJ Only (Single Response)

() HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum Allowance for Patient Preference:
() acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Postpartum The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:

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

() HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Postpartum Allowance for Patient Preference:
() oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Postpartum Monitor and record pain scores and respiratory status. Allowance for Patient Preference:
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 4 hours PRN, severe pain (score 7-10), Postpartum Monitor and record pain scores and respiratory status Allowance for Patient Preference:

Adjunct Pain Medications (Single Response)

() ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours PRN, Cramping, Laceration or Incision Pain, Postpartum May be used in conjunction with acetaminophen with codeine (TYLENOL #3) tablets. May be used in conjunction with oral opioid agents for moderate pain
() For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Starting H+6 Hours, Postpartum May be used in conjunction with oral opioid agents for moderate pain
() For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Starting H+6 Hours, Postpartum May be used in conjunction with oral opioid agents for moderate pain

Perineal Care - HMSTC, HMSTJ Only

[X] dibucaine (NUPERCAINAL) 1 % ointment	Topical, every 3 hours PRN, hemorrhoids, Postpartum Specify Site: Perineum
[] benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, irritation, Postpartum PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications

<input type="checkbox"/>	hydrocortisone-pramoxine (PROCTOFOAM-HS) rectal foam	1 applicator, rectal, 2 times daily, Postpartum
<input type="checkbox"/>	glycerin-witch hazel 12.5-50 % topical (TUCKS) pads	Topical, daily PRN, irritation, Postpartum Specify Site: Rectum
Perineal Care - HMSL Only		
<input checked="" type="checkbox"/>	dibucaine (NUPERCAINAL) 1 % ointment	Topical, every 3 hours PRN, hemorrhoids, Postpartum Specify Site: Perineum
<input type="checkbox"/>	benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, irritation, Postpartum PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications
<input type="checkbox"/>	dibucaine (NUPERCAINAL) 1 % ointment	1 Application, Topical, 3 times daily, Postpartum Specify Site: Perineum
<input type="checkbox"/>	glycerin-witch hazel 12.5-50 % topical pads pads, medicated	Topical, daily PRN, irritation, Postpartum Specify Site: Rectum
Perineal Care - HMWB, HMTW Only		
<input checked="" type="checkbox"/>	dibucaine (NUPERCAINAL) 1 % ointment	Topical, every 3 hours PRN, hemorrhoids, Postpartum Specify Site: Perineum
<input type="checkbox"/>	benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, irritation, Postpartum PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications
<input type="checkbox"/>	glycerin-witch hazel 12.5-50 % topical (TUCKS) pads	Topical, daily PRN, irritation, Postpartum Specify Site: Rectum
Perineal Care - HMSJ Only		
<input checked="" type="checkbox"/>	benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, irritation, Postpartum PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications
<input checked="" type="checkbox"/>	dibucaine (NUPERCAINAL) 1 % ointment	1 Application, Topical, PRN, hemorrhoids, Postpartum Specify Site: Perineum
<input checked="" type="checkbox"/>	glycerin-witch hazel 12.5-50 % topical (TUCKS) pads	Topical, daily PRN, irritation, Postpartum Specify Site: Rectum
Perineal Care - HMM, HMW Only		
<input checked="" type="checkbox"/>	dibucaine (NUPERCAINAL) 1 % ointment	Topical, every 3 hours PRN, hemorrhoids, Postpartum Specify Site: Perineum
<input checked="" type="checkbox"/>	benzocaine-menthol (DERMOPLAST) 20-0.5 % topical spray	Topical, PRN, irritation, Postpartum PATIENT MAY SELF ADMINISTER. For topical use only. May be used in addition to systemic pain medications
<input type="checkbox"/>	hydrocortisone-pramoxine (EPIFOAM) foam	1 Application, Topical, 3 times daily, Postpartum
<input checked="" type="checkbox"/>	glycerin-witch hazel 12.5-50 % topical (TUCKS) pads	Topical, daily PRN, irritation, Postpartum Specify Site: Rectum
Breast Care		
<input checked="" type="checkbox"/>	lanolin cream	1 Application, Topical, PRN, dry skin, nipple redness or pain, Postpartum Specify Site: Nipples
Bowel Care - NOT HMSJ		
<input type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation, Postpartum
<input type="checkbox"/>	magnesium hydroxide suspension	30 mL, oral, nightly PRN, indigestion, Postpartum
<input type="checkbox"/>	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Postpartum
<input checked="" type="checkbox"/>	bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Postpartum
Bowel Care - HMSJ Only		
<input type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation, Postpartum

<input type="checkbox"/> magnesium hydroxide suspension	30 mL, oral, nightly PRN, indigestion, Postpartum
<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Postpartum
<input checked="" type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Postpartum

Fever Care

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, For temperature greater than 100.3, Postpartum
<input type="checkbox"/> aspirin tablet	325 mg, oral, every 4 hours PRN, For temperature greater than 100.4, Postpartum

oxytocin (PITOCIN) Bolus and Maintenance Infusion

<input checked="" type="checkbox"/> oxytocin (PITOCIN) Bolus and Maintenance Infusion	"Followed by" Linked Panel
<input checked="" type="checkbox"/> oxytocin 30 unit/500 mL bolus from bag	10 Units, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Postpartum
<input checked="" type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous, Starting H+30 Minutes, Postpartum Run at 95 mL/hr for 3.5 hours. Total 20 units over 3.5 hours. (Infuse at rate of 95 mL/hr over 3.5 hours) Increase to 999 mL/hr for uterine tone and bleeding per physician instructions.

Bleeding Medications (Single Response)

<input type="checkbox"/> oxytocin (PITOCIN) infusion and methylergonovine (METHERGINE)	"And" Linked Panel
methylergonovine (METHERGINE) is contraindicated if BP GREATER than 140/90 mmHg	
<input type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Postpartum If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.
<input type="checkbox"/> methylergonovine (METHERGINE) injection - Contraindicated if BP GREATER than 140/90 mmHg	200 mcg, intramuscular, once PRN, as needed for vaginal bleeding not controlled by oxytocin, Postpartum Use if inadequate response to oxytocin. Notify Physician if further treatment needed. Contraindicated if BP GREATER than 140/90 mmHg
<input type="checkbox"/> oxytocin (PITOCIN) infusion AND carboprost (HEMABATE) injection And diphenoxylate-atropine (LOMOTIL) oral dose	"And" Linked Panel
<input type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, PostPartum Vaginal Bleeding, Postpartum If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr.
<input type="checkbox"/> carboprost (HEMABATE) injection	250 mcg, intramuscular, once PRN, for Vaginal Bleeding uncontrolled by oxytocin., Postpartum
<input type="checkbox"/> diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, once PRN, diarrhea, Postpartum
<input type="checkbox"/> oxytocin (PITOCIN) infusion and misoprostol (CYTOTEC)	"And" Linked Panel
<input type="checkbox"/> oxytocin (PITOCIN) infusion	5.7 Units/hr, intravenous, continuous PRN, Postpartum Bleeding, Postpartum If uterine atony or if excessive bleeding persists, infuse oxytocin at 999mL/hr
<input type="checkbox"/> misoprostol (CYTOTEC) tablet	1,000 mcg, rectal, once PRN, as needed for vaginal bleeding not controlled by oxytocin, Postpartum Use if inadequate response to oxytocin. Notify Physician if further treatment needed.

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

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Postpartum Give if patient is able to tolerate oral medication.

[X] ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Postpartum Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Postpartum 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.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSL, HMWB Only

[X] ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Postpartum Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Postpartum Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[X] 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.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSTJ Only

[X] ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Postpartum Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Postpartum Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
[X] 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, Postpartum 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.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Postpartum Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Insomnia: Diphenhydramine

[X] diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, nightly PRN, sleep, Postpartum
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Rh Negative Mother

Nursing

<input checked="" type="checkbox"/> Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery.	Routine, Until discontinued, Starting S, Postpartum
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Labs

<input checked="" type="checkbox"/> Fetal Screen	Conditional Frequency, Starting S For 1 Occurrences Conditional- One activation- If Rh Negative Mom and Rh Positive infant, Postpartum
<input type="checkbox"/> Rhogam Type and Screen	Once, Postpartum

Medication

<input checked="" type="checkbox"/> rho(D) immune globulin (HYPERRHO/RHO GAM) injection	300 mcg, intramuscular, PRN, Rhogam Workup: If cord blood is Rh positive, complete Rhogam workup on mother and administer Rh immune globulin 300 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery., For 1 Doses, Postpartum
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VTE

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

VTE/DVT Risk Definitions

URL:

"\\epic-nas.et0922.epichosted.com\static\OrderSets\VTE Risk Assessment Tool v7_MAK FINAL.pdf"

<input type="checkbox"/> VERY LOW Risk of DVT (Selection Required)	"And" Linked Panel
<input type="checkbox"/> Ambulate	Routine, 3 times daily Specify: Early ambulation, Postpartum
<input type="checkbox"/> Very low risk of VTE	Routine, Once, Postpartum
<input type="checkbox"/> Avoid dehydration	Routine, Until discontinued, Starting S, Postpartum

<input type="checkbox"/> LOW Risk of DVT (Selection Required)	Delivery BMI > 40 kg/m2
<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 Postpartum
<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): Postpartum
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., Postpartum

<input type="checkbox"/> MODERATE Risk of DVT (Selection Required)	Mechanical prophylaxis prior to delivery and until fully ambulatory. CONSIDER prophylactic LMWH/UFH throughout postpartum hospitalization. Delivery BMI > 40 kg AND antepartum and/or intrapartum hospitalization > 72 hours Hospitalization within the last month > 72 hours Low risk thrombophilia *BMI >40kg/m2 AND low risk thrombophilia: consider prophylaxis continuation 6 weeks postpartum.
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<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once, Postpartum
<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, Starting H+12 Hours, Postpartum Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis

<input type="checkbox"/> CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Postpartum Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> BMI GREATER THAN 40 kg/m ² - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Postpartum Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> HEParin subcutaneous	
<input type="checkbox"/> HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Postpartum Wait at least 1 hour after epidural catheter removal before administering heparin
<input type="checkbox"/> Partial thromboplastin time, activated	Once, Starting H+12 Hours For 1 Occurrences Obtain prior to heparin dose, Postpartum
<input type="checkbox"/> Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Postpartum
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
<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): Postpartum
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous SCD throughout hospitalization., Postpartum
<input type="checkbox"/> HIGH Risk of DVT - Prophylaxis (Selection Required)	
Mechanical prophylaxis prior to delivery AND until fully ambulatory PLUS prophylaxis LMWH/UFH through postpartum hospitalization & continued 6 weeks from delivery date. 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, Postpartum
<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, Starting H+12 Hours, Postpartum Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Postpartum Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> BMI GREATER THAN 40 kg/m ² - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Postpartum Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> HEParin subcutaneous	
<input type="checkbox"/> HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Postpartum Wait at least 1 hour after epidural catheter removal before administering heparin
<input type="checkbox"/> Partial thromboplastin time, activated	Once, Starting H+12 Hours For 1 Occurrences Obtain prior to heparin dose, Postpartum

<input type="checkbox"/> Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Postpartum
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
<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): Postpartum
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., Postpartum
<input type="checkbox"/> HIGH Risk of DVT - Therapeutic (Selection Required)	
Mechanical prophylaxis prior to delivery and until fully ambulatory PLUS therapeutic dose LMWH/UFH through hospitalization & continued 6 weeks from delivery date. 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, Postpartum
<input type="checkbox"/> Pharmacological Prophylaxis (Single Response)	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 12 hours scheduled, Starting H+24 Hours, Postpartum Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s):
<input type="checkbox"/> Basic metabolic panel - STAT	STAT For 1 Occurrences, Postpartum
<input type="checkbox"/> Anti Xa, low molecular weight	Once, Starting H+24 Hours Heparin Name: Postpartum
<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, Starting H+24 Hours, Postpartum Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s):
<input type="checkbox"/> Basic metabolic panel - STAT	STAT For 1 Occurrences, Postpartum
<input type="checkbox"/> Anti Xa, low molecular weight	Once, Starting H+24 Hours Heparin Name: Postpartum
<input type="checkbox"/> Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)	STAT, Until discontinued, Starting S Heparin Indication: Specify: Specify: Monitoring: For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.
<input type="checkbox"/> Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Postpartum
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
<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): Postpartum
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory, Postpartum
<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
<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:
<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):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<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
<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:
<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):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<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
<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:
<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):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<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
<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:
<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):

Place/Maintain sequential compression device continuous Routine, Continuous

DVT Risk and Prophylaxis Tool (Single Response)

VTE/DVT Risk Definitions

URL:

"\\epic-nas.et0922.epichosted.com\\static\\OrderSets\\VTE Risk Assessment Tool v7_MAK FINAL.pdf"

VERY LOW Risk of DVT (Selection Required) **"And" Linked Panel**

Ambulate Routine, 3 times daily
Specify:
Early ambulation, Postpartum

Very low risk of VTE Routine, Once, Postpartum

Avoid dehydration Routine, Until discontinued, Starting S, Postpartum

LOW Risk of DVT (Selection Required)

Delivery BMI > 40 kg/m²

Low risk of VTE Routine, Once
Low risk: Due to low risk, SCDs are recommended while in bed and until fully ambulatory
Postpartum

Place sequential compression device (Single Response)

Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):
Postpartum

Place/Maintain sequential compression device continuous Routine, Continuous
While in bed AND until fully ambulatory. Encourage early ambulation.
Avoid dehydration., Postpartum

MODERATE Risk of DVT (Selection Required)

Mechanical prophylaxis prior to delivery and until fully ambulatory. CONSIDER prophylactic LMWH/UFH throughout postpartum hospitalization.

Delivery BMI > 40 kg AND antepartum and/or intrapartum hospitalization > 72 hours

Hospitalization within the last month > 72 hours

Low risk thrombophilia

*BMI >40kg/m² AND low risk thrombophilia: consider prophylaxis continuation 6 weeks postpartum.

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once, Postpartum

Pharmacological Prophylaxis (Single Response)

enoxaparin (LOVENOX) injection (Single Response)

enoxaparin (LOVENOX) injection 40 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Postpartum
Wait at least 4 hours after epidural catheter removal before administering enoxaparin
Indication(s): VTE Prophylaxis

CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Postpartum
Wait at least 4 hours after epidural catheter removal before administering enoxaparin
Indication(s): VTE Prophylaxis

BMI GREATER THAN 40 kg/m² - enoxaparin (LOVENOX) injection 40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Postpartum
Wait at least 4 hours after epidural catheter removal before administering enoxaparin
Indication(s): VTE Prophylaxis

HEParin subcutaneous

HEParin (porcine) injection 10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Postpartum
Wait at least 1 hour after epidural catheter removal before administering heparin

Partial thromboplastin time, activated Once, Starting H+12 Hours For 1 Occurrences
Obtain prior to heparin dose, Postpartum

Contact OBGYN provider after removal of epidural catheter for anticoagulation orders Routine, Until discontinued, Starting S, Postpartum

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
<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): Postpartum
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous SCD throughout hospitalization., Postpartum
<input type="checkbox"/> HIGH Risk of DVT - Prophylaxis (Selection Required)	
Mechanical prophylaxis prior to delivery AND until fully ambulatory PLUS prophylaxis LMWH/UFH through postpartum hospitalization & continued 6 weeks from delivery date. 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, Postpartum
<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, Starting H+12 Hours, Postpartum Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting H+12 Hours, Postpartum Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> BMI GREATER THAN 40 kg/m2 - enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Postpartum Wait at least 4 hours after epidural catheter removal before administering enoxaparin Indication(s): VTE Prophylaxis
<input type="checkbox"/> HEParin subcutaneous	
<input type="checkbox"/> HEParin (porcine) injection	10,000 Units, subcutaneous, every 12 hours scheduled, Starting H+12 Hours, Postpartum Wait at least 1 hour after epidural catheter removal before administering heparin
<input type="checkbox"/> Partial thromboplastin time, activated	Once, Starting H+12 Hours For 1 Occurrences Obtain prior to heparin dose, Postpartum
<input type="checkbox"/> Contact OBGYN provider after removal of epidural catheter for anticoagulation orders	Routine, Until discontinued, Starting S, Postpartum
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Postpartum
<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): Postpartum
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous While in bed AND until fully ambulatory. Encourage early ambulation. Avoid dehydration., Postpartum
<input type="checkbox"/> HIGH Risk of DVT - Therapeutic (Selection Required)	

Mechanical prophylaxis prior to delivery and until fully ambulatory PLUS therapeutic dose LMWH/UFH through hospitalization & continued 6 weeks from delivery date.

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, Postpartum

Pharmacological Prophylaxis (Single Response)

enoxaparin (LOVENOX) injection

enoxaparin (LOVENOX) injection 1 mg/kg, subcutaneous, every 12 hours scheduled, Starting H+24 Hours, Postpartum
Wait at least 4 hours after epidural catheter removal before administering enoxaparin
Indication(s):

Basic metabolic panel - STAT STAT For 1 Occurrences, Postpartum

Anti Xa, low molecular weight Once, Starting H+24 Hours
Heparin Name:
Postpartum

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

enoxaparin (LOVENOX) injection 1 mg/kg, subcutaneous, every 24 hours scheduled, Starting H+24 Hours, Postpartum
Wait at least 4 hours after epidural catheter removal before administering enoxaparin
Indication(s):

Basic metabolic panel - STAT STAT For 1 Occurrences, Postpartum

Anti Xa, low molecular weight Once, Starting H+24 Hours
Heparin Name:
Postpartum

Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)

STAT, Until discontinued, Starting S
Heparin Indication:
Specify:
Specify:
Monitoring:
For initiation 12 hours post-delivery. Ensure epidural removed and adequate time after removal prior to therapy initiation.

Contact OBGYN provider after removal of epidural catheter for anticoagulation orders

Routine, Until discontinued, Starting S, Postpartum

Contraindications exist for pharmacologic prophylaxis

Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):
Postpartum

Mechanical Prophylaxis (Single Response) (Selection Required)

Contraindications exist for mechanical prophylaxis

Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):
Postpartum

Place/Maintain sequential compression device continuous

Routine, Continuous
While in bed AND until fully ambulatory, Postpartum

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

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:

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):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<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
<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:
<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):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<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
<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:
<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):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<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
<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:
<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):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

Labs

Hematology

<input type="checkbox"/> CBC with platelet and differential	AM draw For 1 Occurrences, Postpartum
<input type="checkbox"/> Hemoglobin	AM draw For 1 Occurrences, Postpartum
<input type="checkbox"/> Hematocrit	AM draw For 1 Occurrences, Postpartum

Chemistry

<input type="checkbox"/> Creatinine	AM draw, Starting S+1 For 1 Occurrences, Postpartum
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Hypertensive Lab Panel

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

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

Ancillary Consults

<input type="checkbox"/>	Consult to Case Management	Consult Reason: Postpartum
<input checked="" type="checkbox"/>	Consult to Lactation Consultant	Reason for Lactation Consult: Postpartum, If needed
<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 Post-Delivery
<input type="checkbox"/>	Consult to Social Work	Reason for Consult: Postpartum
<input type="checkbox"/>	Consult to Spiritual Care	Reason for consult? Postpartum