Catholic Health System

Patient Identification Information

☐ SISTERS OF CHARITY HOSPITAL • Buffalo, NY ☐ SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY
☐ KENMORE MERCY HOSPITAL • Kenmore, NY ☐ MERCY HOSPITAL • Buffalo, NY ☐ MERCY HOSPITAL • Orchard Park, NY division

Allergies & Sensitivities:

❑ **No Known Allergies** ☑ **(Indicates automatic order. MD to draw line through orders to discontinue)**

HYPEREMESIS ADMISSION ORDERS

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

Date:	**Time:**	**Prescriber Orders**

Level of Care: ❑ Observation ❑ Inpatient
Diagnosis: IUP at ____weeks ____days, Hyperemesis Gravidarum
❑ Vital signs as per protocol ❑ Vital signs every _____ hours X _____ hours

1. Activity:
❑ Ambulate as tolerated

2. Diet:
❑ NPO ❑ Regular ❑ Bland
❑ Other _____ ❑ Nutrition Consult

3. Nursing:
❑ Fetal Heart Rate every shift ❑ Strict Intake and Output
❑ Daily Weight ❑ Urine sample for ketones every void until negative

4. IV Fluids:
❑ Initial Bolus_____1,000 mL at _____ mL/hour X _____ liters
❑ Primary IV _____ 1,000 mL at _____ mL/hour X _____ liters
❑ Add 50 mg Promethazine to each liter of primary IV
❑ Add one dose of Multiple Vitamins for infusion (MVI) to every third liter of primary IV
❑ _____

5. Medications:
❑ Thiamine 100 mg in 100 mL sodium chloride 0.9% IV every day for three days
❑ Metoclopramide (Reglan) 10 mg IV ❑ every 6 hours ❑ every 6 hours PRN nausea/vomiting
❑ Ondansetron (Zofran) 4 mg IV every 6 hours PRN nausea/vomiting
❑ Ondansetron (Zofran) 8 mg IV every 6 hours PRN nausea/vomiting
❑ 10 mEq KCL in 50 mL water for injection IV piggyback at 50 mL / hour X _____doses
❑ _____
❑ _____

6. Labs:
❑ Obtain pre-natal lab results
❑ CMP
❑ Amylase, Lipase
❑ Urine Culture
❑ Serum Toxicology
❑ Send Stool for hemoccult
❑ Other_____
❑ Other_____

❑ Draw Prenatal Labs: Type RH and antibody screen; CBC; Rubella; Hepatitis B Surface Antigen, HIV, RPR
❑ CBC with diff
❑ TSH
❑ Urinalysis with microscopy
❑ Urine Toxicology
❑ Send Emesis for hemoccult

7. Imaging:
❑ Pelvic Sonogram ❑ Abdominal Sonogram

8. Consults
❑ Gastroenterology: Dr. _____
❑ Care Management to see
❑ Social Work consult

❑

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Prescriber Signature: _____ _____