Catholic Health System

Patient Identification Information

❑ SISTERS OF CHARITY HOSPITAL • Buffalo, NY ❑ MERCY HOSPITAL • Buffalo, NY

Allergies & Sensitivities:

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

LABOR AND DELIVERY – LABOR ADMISSION ORDERS - ROUTINE

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

DATE:	TIME:	PRESCRIBER ORDERS

1. Admit to L&D – Dr. _____

2. Vital Signs: ☑ On admission and then every hour

3. Diagnosis: IUP at _____ weeks _____ days
Diagnosis: _____

4. ACTIVITY: ❑ Strict Bedrest ❑ Bedrest with bathroom privileges ❑ OOB ad lib ❑ _____

5. Nursing Orders: ☑ Perform external fetal monitoring per protocol
☑ Insert peripheral venous cannula ☑ Vaginal Birth after C-Section consent (if indicated)

6. Diet: ☑ **NPO except ice chips** ❑ Clear liquids ❑ _____

7. IV Fluids:
❑ **Lactated Ringers 1000 mL at 100 mL/hour**
❑ _____ 1000 mL at _____ mL/hour

8. Group B Strep prophylaxis

Patients recommended for Intrapartum Prophylaxis—After screening has been performed:
- Pregnant women with a positive screening culture from either vagina or rectum unless a planned cesarean delivery is performed in the absence of labor or rupture of membranes
- Pregnant women who have given birth to an infant with early-onset GBS disease
- Pregnant women with GBS bacteriuria during the current pregnancy
- Pregnant women whose culture status is unknown (culture not performed or result not available) **AND** intrapartum fever (≥100.4ºF, ≥ 38ºC) or preterm labor (<37 weeks of gestation) or prolonged rupture of membranes (≥18 hours).

Patients not recommended for Intrapartum Prophylaxis
- Positive GBS screening culture in a previous pregnancy (unless the infant had invasive GBS disease or the screening culture is also positive in the current pregnancy)
- Patient who undergoes a planned cesarean delivery without labor or rupture of membranes
- Pregnant women with negative GBS screening cultures at 35 to 37 weeks of gestation even if they have one or more of the following intrapartum risk factors: intrapartum fever (≥100.4ºF, ≥38ºC), preterm labor (<37 weeks of gestation), or prolonged rupture of membranes (≥18 hours). The use of broad-spectrum intrapartum antibiotics for the treatment of presumed chorioamnionitis in febrile women in labor is indicated.

❑ Penicillin GK 5 million units IV initial dose, then 2.5 million units IV q 4 hours
❑ Ampicillin 2 grams IV initial dose, then 1 gram IV q 4 hours
❑ Cefazolin (Ancef) 2 grams IV initial dose, then 1 gram IV q 8 hours for **non-severe penicillin allergy**

Severe Penicillin Allergy
❑ Clindamycin (Cleocin) 900 mg IV q 8 hours (if GBS culture isolate shows sensitivity)
❑ Erythromycin 500 mg IV q 6 hours (if GBS culture isolate shows sensitivity)
❑ Vancomycin 1 gram IV q 12 hours (if GBS culture isolate is resistant to above or sensitivity is unknown to above)

9. Laboratory:
☑ **CBC with differential, RPR, Type and screen**
❑ Urinalysis
☑ Hepatitis B Surface Antigen (order if no documented results in prenatal records)
❑ Rapid HIV I/II antibodies, qualitative, POC (Offer if no documented HIV results)
❑ Type and Cross for ___ units of packed RBCs
❑ _____

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11.

Prescriber Signature:

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Revised 7/08, 1/09
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