



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) page 1 of 1

Labor and Delivery – Postpartum and Post Cesarean Section Orders

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

Date:	Time:	Prescriber Orders
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Transfer to : Post partum Floor Remain on L & D _____

Vital signs as per protocol Vital signs every _____ hours on L&D ICU _____

Diagnosis: Status post: Vaginal delivery C- Section X _____ hours.

Notify Physician if: BP systolic above 160 or below 90 or diastolic above 104, HR greater than 109, Temp greater than 100.4°F x 2 or above 101.5°F, Urine output below 240mL/8 hours

1. Activity: Bed rest Out of bed with assistance PRN _____

2. Diet: NPO Ice Clear Liquids Regular _____

3. Nursing Orders:

<input type="checkbox"/> Foley to gravity <input type="checkbox"/> Discontinue on Post-op day # _____ at _____ (time) <input type="checkbox"/> I & O every shift X 48 hrs <input type="checkbox"/> I & O every 4 hours X 48 hours <i>Perineal Care:</i> <input type="checkbox"/> Ice packs X _____ hours <input type="checkbox"/> Tucks Pads to bedside to use PRN <input type="checkbox"/> Sitz bath to bedside <input type="checkbox"/> Epifoam to bedside to use PRN <input type="checkbox"/> Hurricane gel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Dressing care _____ <input type="checkbox"/> Drain care PRN <i>Breast Care:</i> <input type="checkbox"/> Lactation Consultation <input type="checkbox"/> Tight bra <input type="checkbox"/> Ice packs PRN <input type="checkbox"/> Rubella vaccine (order if non-immune)
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4. IV Fluids: Discontinue if vitals are stable and no excessive bleeding Saline Trap

IV Oxytocin (Pitocin) 20 units/1000 mL Lactated Ringers IV at _____ mL/hr X _____ liters

IV _____ 1000 mL at _____ mL/hour X _____ liters Add _____ per 1000mL

5. Medications: **Anti-D globulin 300 mcg IM if candidate (or per fetal bleed)**

Methylergonovine (Methergine) 0.2mg PO every 4 hours X 3 doses prn heavy bleeding (if BP below 140/90)

Docusate Sodium (Colace) 100 mg PO: every day BID every day PRN constipation

Prenatal vitamin tablet PO once daily

Nausea: Metoclopramide (Reglan) 10 mg IV every 6 hours PRN nausea Ondansetron (Zofran) 4 mg IV q6h prn for nausea

Pain: Acetaminophen (Tylenol) 650mg PO every 6 hours PRN pain

Ibuprofen (Motrin): 400 mg PO every 4 hours PRN pain 600 mg PO every 6 hours PRN pain

Ketorolac (Toradol) 30 mg IV every 6 hours around the clock X _____ doses

Ketorolac (Toradol) 30 mg IV every 6 hours PRN pain

Patient Controlled Analgesia (see separate order form)

Self Administration of Medications(SAMS): Patient may participate in self administration program

Ibuprofen (Motrin) Acetaminophen (Tylenol) Prenatal vitamin, Docosate Sodium (Colace)

Sleep: _____

Other: _____ _____

6. Laboratory: CBC in AM on _____ / _____ / _____ _____

7. Venous Thromboembolism (VTE) ProphylaxisPotential Exclusions (Procedure entirely laparoscopic, surgery less than or equal to 30 min, stay equal to or less than 24 hrs)**

Sequential Compression Devices (recommended) until patient fully ambulatory

Heparin 5,000 units subcutaneously every 8 hours start: _____

Heparin 5,000 units subcutaneously every 12 hours start: _____

Enoxaparin (Lovenox) 40 mg subcutaneously once daily start: _____

No VTE Prophylaxis (reason: Not candidate Contraindicated List _____)

Prescriber Signature: _____