Catholic Health System

Patient Identification Information

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

Allergies & Sensitivities:

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

Evaluation for Preeclampsia 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
Transfer to : ☐ L & D ☐ Antepartum Floor ☐ _____
Diagnosis: IUP at _____ weeks _____ days
Diagnosis: _____
☐ Vital signs as per protocol ☐ Vital signs every _____ hours 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 Urine output below 240 mL/8 hours***

1. ACTIVITY: ☐ Strict Bedrest ☐ Bedrest with bathroom privileges ☐ OOB ad lib ☐ _____

2. DIET: ☐ NPO ☐ Ice ☐ Clear Liquids ☐ Regular ☐ _____

3. Nursing:
☐ Insert Foley Catheter
☐ Continuous Fetal Monitoring
☐ Seizure Precautions
☐ Strict Intake and Output
☐ Non-Stress test (NST) every shift
☐ _____

4. IV Fluids:
☐ **Lactated Ringers 1000 mL at 100 mL/hour** ☐ Keep total IV rate at _____ per hour
☐ _____1000 mL at _____ mL/hour

5. Medications:
☐ Magnesium Sulfate load: ☐ 6 grams IV over 30 minutes **OR** ☐ 4 grams IV over 30 minutes
☐ Magnesium Sulfate (40 grams per liter) infusion at 50 mL per hour (2 grams per hour)
☐ Dexamethasone Sodium Phosphate 6 mg IV every 12 hours for 4 doses **OR**
☐ Betamethasone (Celestone Soluspan) 12 mg IM every 24 hours for 2 doses
☐ Prenatal Vitamin tablet PO daily
☐ Docusate Sodium (Colace) 100 mg PO daily
☐

6. Labs:
☐ Obtain pre-natal labs
☐ CBC with differential
☐ CMP
☐ Magnesium level ____ hours after load
☐ Blood Type and Screen
☐ PT, PTT, Fibrinogen, FDP
☐ Urine Culture
☐ Urinalysis with microscopy
☐ Urine Toxicology
☐ Uric Acid
☐ 24 hour urine for protein and creatinine clearance
☐ Other
☐ Other

7. Fetal Evaluation
☐ Fetal sonogram for Estimated Fetal Weight (EFW) in Fetal Testing Unit
☐ Maternal-Fetal Medicine consult

8. Venous Thromboembolism Prophylaxis: (VTE) **Potential Exclusions (Procedure entirely laparoscopic, surgery 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 (_____)

9. ☐ Neonatology consult

10. ☐

11. ☐

12. ☐

Prescriber Signature: _____