



Patient Identification Information

MERCY HOSPITAL OF BUFFALO • Buffalo, NY

SISTERS OF CHARITY HOSPITAL • Buffalo, NY

Allergies & Sensitivities:

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

Premature Rupture of Membranes Admission Orders

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

Date:

Time:

Prescriber Orders

Level of Care: Inpatient

Transfer to: 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:

Fetal Heart Rate every shift Strict Intake and Output
 Non-Stress Test every shift _____
 Continuous Fetal Monitoring _____

4. IV Fluids:

Lactated Ringers 1000 mL at 100 mL/hour
 _____ 1000 mL at _____ mL/hour

5. Medications:

Antibiotics for latency (ACOG Guidelines)

Ampicillin 2 grams IV every 6 hours for 48 hours, then Amoxicillin 250 mg po every 8 hours for 5 days **AND**
 Erythromycin 250 mg IV q 6 hours for 48 hours then Erythromycin 250 mg po every 6 hours for 5 days.

 Dexamethasone Sodium Phosphate 6 mg IM 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 Urinalysis with microscopy
 Type and Screen Culture for GBS
 Urine Culture Genprobe for GC, Chlamydia, Other _____
 CBC with differential now Urine Toxicology Other _____
 CBC every day in am

7. Fetal Evaluation

Biophysical Profile every day Fetal sonogram for Estimated Fetal Weight (EFW)
 Maternal-Fetal Medicine consult

8. Venous Thromboembolism (VTE) Prophylaxis:**Potential Exclusions (Procedure entirely laparoscopic, surgery less than or equal to 30 min, stay equal or less than 24 hrs)

Sequential Compression Devices (recommended)

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 Physical Therapy consult

Prescriber Signature: _____