Allergies & Sensitivities:
☑ No Known Allergies

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

4. ACTIVITY: ☐ Strict Bedrest ☐ Bedrest with bathroom privileges ☐ OOB ad lib ☐ ________________

5. Nursing Orders:
☐ Insert peripheral venous cannula ☑ Perform external fetal monitoring per protocol
☑ 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 (≥100.4°F, ≥38°C) 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 (≥100.4°F, ≥38°C), 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

Prescriber Signature:

Developed 6/07
Revised 7/08, 1/09
CSC Form # 5215