**Allergies & Sensitivities:**

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

---

**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**

<table>
<thead>
<tr>
<th>Transfer to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post partum Floor</td>
</tr>
<tr>
<td>Remain on L &amp; D</td>
</tr>
</tbody>
</table>

**Vital signs as per protocol**

- Vital signs every _____ hours on L&D
- ICU

**Diagnosis:**

Status post:  
- Vaginal delivery
- C-Section

**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

---

**Activity:**

- [ ] Bed rest
- [ ] Out of bed with assistance PRN

**Diet:**

- [ ] NPO
- [ ] Ice
- [ ] Clear Liquids
- [ ] Regular

**Nursing Orders:**

- [ ] Foley to gravity
- [ ] Discontinue on Post-op day # ______ at ______ (time)
- [ ] I & O every shift X 48 hrs
- [ ] I & O every 4 hours X 48 hours

**Perineal Care:**

- [ ] Ice packs X ________ hours
- [ ] Tucks Pads to bedside to use PRN
- [ ] Sitz bath to bedside
- [ ] Epifoam to bedside to use PRN
- [ ] Hurricane gel
- [ ] Other:

**IV Fluids:**

- [ ] Discontinue if vitals are stable and no excessive bleeding
- [ ] Saline Trap

**Oxytocin (Pitocin):**

- 20 units/1000 mL
- Lactated Ringers IV at _______ mL/hr X _______ liters

**I.V. 1000 mL at _______ mL/hour X _______ liters**

**Add __________________ per 1000 mL**

**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 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

**Sleep:**

- [ ] Ibuprofen (Motrin)
- [ ] Acetaminophen (Tylenol)
- [ ] Prenatal vitamin
- [ ] Docusate Sodium (Colace)

**Laboratory:**

- [ ] CBC in AM

**Vaginal delivery:**

**Urine output:**

**Sequential Compression Devices (recommended) until patient fully ambulatory**

- Heparin 5,000 units subcutaneously every 8 hours
- Heparin 5,000 units subcutaneously every 12 hours
- Enoxaparin (Lovenox) 40 mg subcutaneously once daily

**No VTE Prophylaxis (reason: Not candidate Contraindicated List**

**Prescriber Signature:**