

L&D Admission (Labor Patient)

Diagnosis: Primigravida Multigravida

Informed consent permit signed and on chart for: Vaginal Delivery, Blood Transfusion, and Caesarean Section

- Place as Inpatient
- Place as Outpatient

Observation (Must have 3 of following criteria: Pain/Headache/vomiting uncontrolled, Unable to void, IV fluids greater than or equal to 100 ml/hour, IV antibiotic therapy 2X/day)

Full Code Status

Orders will be initiated if the box is checked

Vital Signs

- Routine
- Other: _____

Diet

- Sips of clear liquids and ice chips
- Other: _____

IV

- Saline Lock
- D5LR at 125ml/hour
- Other: _____

Labs

- CBC, T&S, HepBsAg, HIV 1&2, RPR
- Rubella if not done prenatal
- Other: _____

Activity

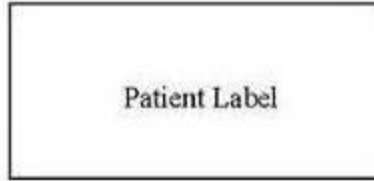
- Ambulate ad lib if indicated
- Bathroom privileges
- Strict bedrest

Medications

- Nalbuphine (Nubain) 10 mg slow IV push every 2 hours PRN pain
- Butorphenol (Stadol) 2 mg slow IV push every 2 hours PRN pain
- Fentanyl 100 mcg slow IV push every hour PRN pain
- Morphine _____ mg IV IM every 4 hours PRN pain
- Vistaril _____ mg IV IM every 4 hours PRN pain
- Demerol _____ mg IV IM every 4 hours PRN pain
- Phenergan 25 mg diluted slow IV push every 4 hours PRN nausea
- Other: _____
- Other: _____

Interventions

- Intake & Output every shift
- Straight cath PRN. If 3rd cath is necessary and delivery is not imminent, insert Foley
- Other: _____



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EFM Monitoring

- 20 minutes every 2 hours when ambulating
- Continuous
- Other: _____

Immediate Post Delivery

- After placenta delivered, hang premixed bag of 1000 ml LR + 20 units Pitocin at 500 ml/hour IV x 1 hour then 125ml/hour

Send placenta to lab for the following indications:

- Stillbirth (includes obtaining tissue for cell culture and karyotype)
- Poor obstetrical history
- Maternal disease or death
- Maternal hypertension
- Maternal infection
- Oligohydramnios
- Polyhydramnios
- Second or third trimester antepartum hemorrhage
- Abnormal fetal monitoring
- Maternal exposure to toxins
- Abnormal placenta noted at delivery
- Other: _____

Cord Blood

- Type, Rh & DAT on all O+ and Rh negative mothers
- ABG Cord Blood
- Other: _____

Notify Physician:

- Every 2 hours for progress
- For epidural order
- If patient is GBS positive
- If Fetal Stress Protocol is initiated
- When 6-8 cms
- For analgesia needs

Physician/Staff Signature Date/Time

Physician Signature Date/Time