

Post Partum Vaginal Delivery

Place as Inpatient

Full Code Status

Orders will be initiated if the box is checked

Vital Signs

- Routine
- Other: _____

IV

- Discontinue IV when fundus firm, scant lochia, afebrile and tolerating PO fluids
- Saline Lock _____
- Other: _____

Diet

- Regular
- Other: _____

Activity

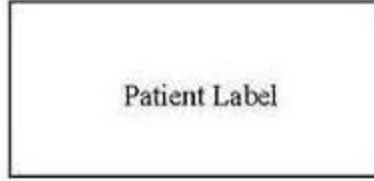
- Assist patient with first ambulation if steady allow activity PRN and shower when desired
- Other: _____

Labs

- CBC at 6 a.m. first post partum day
- H&H at 6 a.m. first post partum day
- RhoGAM work up if Rh negative
- Other: _____

Medications

- Prenatal vitamin 1 PO daily
- Ferrous Sulfate 325 mg 1 PO twice a day
- Docusate Sodium(Colace) 100 mg PO twice a day
- Bisacodyl (Dulcolax) tab 1 PO 2nd day
- Milk of Magnesia 30 ml PO daily
- Simethicone 80 mg PO four times a day for PRN gas pain control
- Rubella vaccine subcutaneous x 1 dose if indicated. May substitute MMR if rubella vaccine not available.
- RhoGAM 1 vial IM x 1 dose if indicated
- Promethazine (Phenergan) 25 mg IM every 4 hours PRN nausea
- Promethazine (Phenergan) 25 mg PO every 4 hours PRN nausea
- Tucks to perineum PRN perineal discomfort
- Dermoplast spray to perineum PRN perineal discomfort
- Dibucaine ointment PRN hemorrhoids
- Hydrocortisone (Anusol/HC) 25 mg suppository bedtime PR PRN hemorrhoids
- Lanolin breast cream at bedside if breastfeeding
- Other: _____



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Pain Medication

- Acetaminophen (Tylenol) 500 mg PO every 4 hours PRN mild pain
- Ibuprofen (Motrin) 800 mg PO every 8 hours PRN mild pain
- Propoxyphen/Acetaminophen (Darvocet) 100/650 mg 1 PO every 4 hours PRN moderate pain
- Codeine/Acetaminophen (Tylenol #3) 30/300mg 1 PO every 4 hours PRN moderate pain
- Hydrocodone/Acetaminophen 10/500 1 PO every 4 hours PRN intense pain
- Other: _____

Interventions

- If unable to void, may straight cath x 1
- Measure first two voids
- Breast pump PRN
- Ice pack to perineum PRN for first 24 hours then Sitz bath three times a day

Notify Physician:

- If temp greater than _____, pulse less than 60 or greater than 120, BP systolic greater than 170 or less than 80 and/or diastolic less than 40 or greater than 105
- If patient is unable to void after one straight cath

Additional Orders

- _____
- _____

Physician/Staff Signature Date/Time

Physician Signature Date/Time