

**Unique Plan Description: OB Labor Orders VC**

**Plan Selection Display: OB Labor Orders VC**

**PlanType: Medical**

**Version: 1**

**Begin Effective Date: 11/21/2013 10:22**

**End Effective Date: Current**

**Available at all facilities**

**OB Labor Orders VC**

**Patient Care**

- Weight  
*T;N, on admission*
- Intake and Output  
*T;N, every shift*
- Pulse Oximetry  
*T;N, Constant order, PRN*
- Fetal Scalp Electrode  
*T;N, Constant Order, PRN*
- Urinary Catheter Insertion  
*T;N, Indwelling, PRN after epidural placement (DEF)\**  
*T;N, External, Intermittent Straight, Cath if bladder palpable or unable to void after 6 hours*
- IUPC  
*T;N, Constant Order, PRN, call provider for placement.*
- Blood Glucose Monitoring POC  
*On admission for diabetic patient*
- OB Amnioinfusion VC(SUB)\*

**Activity**

- Whirlpool Therapy  
*T;N, As tolerated, if stable and patient desires*

**Diet/Nutrition**

- NPO  
*NPO except for ice chips (DEF)\**  
*NPO except for sips of water*  
*NPO except for medications*  
*NPO no exceptions*

**Continuous Infusions**

\*\*\*Maintain Total IV Fluids Intake of 125/hr.\*\*\***(NOTE)\***

- Dextrose 5% in Lactated Ringers Injection  
*Total Volume (mL): 1,000, IV, 125 mL/hr, Drug Form Soln-IV*
- LR bolus  
*500 mL, IV Piggyback, q1hr, PRN Other (See Comment)*  
*Comments: As needed for non-reassuring fetal heart tones, low urine output, or hypotension*

**Medications**

Administer antimicrobial prophylaxis to positive and unknown group B streptococcal colonization status at the onset of labor with any of the following risk factors: - fewer than 37 weeks of gestation - rupture of membranes greater than or equal to 18 hours - maternal temperature greater than or equal to 38.0 degrees Celsius [100.4 degrees Fahrenheit] - previous delivery of a child with invasive group B streptococcal disease - history of group B streptococcal bacteriuria in the current pregnancy**(NOTE)\***

- OB Group B Streptococcus Prevention VC(SUB)\*
- OB Induction of Labor VC(SUB)\*
- lidocaine 1% injectable solution  
*0.1 mL, IntraDermal, Once, PRN Other (See Comment)*  
*Comments: to prevent pain from IV insertion*
- BD Normal Saline Flush

2 mL, IV, BID, PRN, Form: Soln-IV

- terbutaline  
0.25 mg, SubCutaneous, Once, PRN Other (See Comment), Form: Vial  
Comments: as needed for tachysystole with fetal intolerance  
At Delivery:(NOTE)\*
- mineral oil  
30 mL, Topical, As Indicated, PRN Other (See Comment), Form: Oil  
Comments: for perineal massage
- chloroprocaine 3% injectable solution  
1 vials, IntraDermal, Once, Other (See Comment), Form: Injection  
Comments: for episiotomy repair at delivery.
- Oxytocin/LR 30 units/500 mL Premix (IVS)\*  
Premix LR  
Total Volume (mL): 500, IV, 668 mL/hr, Drug Form Soln-IV  
Comments: Reduce rate to 42 mL/hr after 10 minutes  
oxytocin IV additive  
30 units, EB  
\*\*\*If fewer than 34 weeks.(NOTE)\*
- betamethasone  
12 mg, IntraMuscular, q24hr, Order Duration: 2 doses, Form: Injection
- dexamethasone  
6 mg, IV Push, q12hr, Order Duration: 4 doses, Form: Vial

#### Respiratory

- Oxygen Therapy  
T;N, L/min: 10, Nonrebreather Mask, PRN, per protocol (DEF)\*  
T;N, L/min: 4, Nasal Cannula, PRN  
T;N, L/min: 2, Nasal Cannula, PRN

#### Consults/Referrals

- Consult to Anesthesiology  
T;N, Urgent, Call for Epidural insertion when indicated by patient.
- Consult to MD  
T;N, Consult Neonatology

#### Communication Orders

- Communication Order  
T;N, Obtain a copy of laboratory prenatal record that includes: blood group, Rh, indirect coombs, rubella, HBsAg, and GBS status
- Notify Provider  
T;N, Notify for Category II and III Fetal Heart Rate Tracings

#### Non Categorized

- OB Labor&Delivery Admission

#### \*Report Legend:

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase