

Allergies: _____

Admit to Labor & Delivery Status: Inpatient Clinical Outpatient

LABORATORY/ DIAGNOSTICS:

CBC, Urine dipstick for protein and glucose
If not already done: Hepatitis B surface antigen screen, Rapid HIV
Rh studies for Rh negative mothers after delivery

NURSING CARE:

Blood pressure, pulse, respirations every hour during first stage of labor and every 30 minutes during second stage of labor
Temperatures every 4 hours unless membranes ruptured then every 2 hours
Fetal monitor strip 30 minutes on admission
If reassuring Fetal Heart Rate (FHR),
Ambulate as patient desires
Bedrest after regional anesthesia
Jacuzzi, unless contraindicated

DIET: Clear fluids

IV THERAPY: LR 125 mL/ hour

MEDICATIONS: (Check box to activate)

<input type="checkbox"/> penicillin 5 million units IV X 1, then 3 million units IV every 4 hours until delivery	Group B Strep Prophylaxis
<input type="checkbox"/> cefazolin (ANCEF) 2 g IV X 1, then 1 g IV every 8 hours until delivery	Group B Strep Prophylaxis, PCN allergic & NOT high risk for anaphylaxis
<input type="checkbox"/> clindamycin 900 mg IV every 8 hours until delivery - OR - <input type="checkbox"/> erythromycin 500 mg IV every 6 hours until delivery	Group B Strep Prophylaxis, PCN allergic & high risk for anaphylaxis
<input type="checkbox"/> butorphanol (STADOL) 1 - 2 mg IV every 1 hour PRN [maximum dose 4 mg] <input type="checkbox"/> nalbuphine (NUBAIN) 5 - 10 mg IV every 1 hour PRN [maximum dose 20 mg]	Severe Pain
<input type="checkbox"/> aluminum hydroxide/ magnesium hydroxide/ simethicone (MAALOX) 15 mL PO QID PRN	Indigestion
<input type="checkbox"/> acetaminophen (TYLENOL) 650 mg PO every 4 hours PRN. Not to exceed 4000 mg/ 24 hours	Mild pain/ Headache
<input type="checkbox"/> sodium citrate (BICITRA) 15 mL PO X 1	Acid Reducer
FLEETS enema PRN	Constipation
lidocaine 2% jelly (URO-JET) apply PRN	Foley Placement Pain

REGIONAL ANESTHESIA:

Regional anesthesia per patient's request (when in active labor and greater than or equal to 3 cm)
If unable to void after regional anesthesia, may add straight cath PRN or insert Foley. Remove Foley prior to pushing

INTRAUTERINE RESUSCITATION:

Turn patient
LR 500 mL IV bolus
O₂ at 10 – 15 L per non-rebreather mask

NOTIFY LICENSED INDEPENDENT PRACTITIONER IF:

Non-reassuring FHR; significant FHR decelerations or minimal or no variability for greater than 60 minutes
Temperature greater than 38° C
SBP greater than 160 X 2, SBP less than 90; DBP greater than 90 X 2, DBP less than 40
Meconium-stained amniotic fluid
Vaginal bleeding greater than bloody show
Rupture of membranes after greater than 18 hours

Licensed Independent Practitioner Signature

Date

Time



LABOR ADMISSION ORDERS

P0242B (Rev 0210) White – Chart