

Allergies: _____

VAGINAL BIRTH (Check box to activate)

NURSING INTERVENTIONS:

Vital Signs/ Postpartum Checks: Every 15 minutes X 2 hours, after transfer to postpartum, 1 hour later, then every shift while awake or as indicated. Temperature X 1 in recovery, then every shift unless elevated

Bladder: Cath if unable to void in 6 hours. Foley if unable to void X 2

Activity: Ad lib

Perineal Care: Ice packs first 12 - 24 hours. Portable SITZ bath BID PRN. Witch hazel medicated pads or DERMOPLAST spray PRN

Muscle discomfort: K-PAD PRN

DIETARY:

Regular Diet. Encourage fluids

IV THERAPY:

Following delivery: In recovery, loading dose of oxytocin 15 units over 30 minutes, then infuse at 3 units/ hour. Titrate to control flow & uterine firmness. Discontinue oxytocin when fundus firm and flow is stable.

Lactated Ringers to infuse at 10 mL/ hour. Discontinue IV fluid or change to saline lock after void X 2 then discontinue

CESAREAN BIRTH (Check box to activate)

NURSING INTERVENTIONS:

Vital Signs/ Postpartum Checks: Every 15 minutes X 2 hours, after transfer to postpartum, 1 hour later, every 4 hours X 24 hours, then every shift or as indicated. Temperature X 1 in recovery unless unstable. Once stable, temp every 4 hours X 24 hours then every shift or as indicated.

Activity: Turn, cough, deep breath and flex toes every 1 - 2 hours while awake. Dangle or stand at bedside when recovered from anesthesia. Ambulate at least TID. SCDs until ambulatory.

Bladder: Foley to straight drainage. Discontinue Foley 12 - 24 hours after delivery for regional anesthesia or when ambulating for general anesthesia. Straight cath X 1 PRN. If unable to void a second time, reinsert Foley

Staples: If Pfannenstiel incision, discontinue POD # 2, apply ½" Steri-strips

Incentive Spirometer: Every 1 - 2 hours if smoker or temperature greater than 38° C

Muscle discomfort: K-PAD PRN

DIETARY:

Sips of water and ice chips. Advance to regular diet as tolerated

IV THERAPY:

In recovery, oxytocin to infuse at 3 units/ hour X 500 mL. Titrate to control flow & uterine firmness.

Lactated Ringers to infuse at 75 mL/ hour. When oxytocin discontinued, increase Lactated Ringers to 125 mL/ hour. Discontinue IV or change to saline lock when tolerating oral fluids and medications, or per *Anesthesia Post C-Section Orders*.

I & O while patient has IV line.

Notify Physician If:

Temp greater than 38° C

SBP greater than 160 or less than 80 mm Hg, DBP greater than 100 or less than 50 mm Hg

Urine output less than 90 mL/ 3 hours

Respiratory rate less than 10 per minute or sedation level 1. Monitor closely

Physician Signature

Date

Time



LABORATORY/ DIAGNOSTICS: (Check box/ fill in to activate)

Hematocrit on first post-partum day

Other: _____

MEDICATIONS: (Line through orders to cancel)

*Not to exceed 4000 mg of acetaminophen/ 24 hours

<input checked="" type="checkbox"/> For increased flow due to uterine atony: methylergonovine (METHERGINE) 0.2 mg IM X 1, then 0.2 mg PO every 4 hours PRN X 6 doses <u>unless hypertensive</u> . If ineffective notify MD/ CNM If hypertensive, misoprostol (CYTOTEC) 1000 mcg rectal -or- 800 mcg sublingual X 1 Notify MD/ CNM of uterine atony/ excessive bleeding	Postpartum Bleeding
<input checked="" type="checkbox"/> morphine 2 - 4 mg IV every 2 hours PRN If allergic or if morphine ineffective, HYDROMORPHONE (DILAUDID) 0.2 – 1 mg IV every 2 hours PRN	Severe Pain (7–10) IV
<input checked="" type="checkbox"/> *oxyCODONE 5 mg/ acetaminophen 325 mg (PERCOCET) 1 - 2 PO every 4 hours PRN If allergic or if PERCOCET ineffective, HYDROMORPHONE (DILAUDID) 2 – 4 mg PO every 4 hours PRN	Severe Pain (7–10) PO
<input checked="" type="checkbox"/> *HYDROcodone 5 mg/ acetaminophen 325 mg (NORCO) 1 - 2 PO every 4 hours PRN	Moderate Pain (4–6)
<input checked="" type="checkbox"/> ibuprofen (MOTRIN) 600 mg PO every 6 hours PRN If unable to take PO ibuprofen, ketorolac (TORADOL) 15 - 30 mg IV every 6 hours PRN If allergic or if MOTRIN or TORADOL ineffective, *acetaminophen (TYLENOL) 325 – 650 mg PO every 4 hours PRN	Mild Pain (1-3), Cramping
<input checked="" type="checkbox"/> ondansetron (ZOFRAN) 4 mg IV every 6 hours PRN	Nausea/ Vomiting
<input checked="" type="checkbox"/> diphenhydramine (BENADRYL) 25 - 50 mg PO every 6 hours PRN	Itching
<input checked="" type="checkbox"/> docusate (COLACE) 250 mg PO BID. Hold for loose stools bisacodyl (DULCOLAX) 10 mg suppository PRN morning of discharge if no bowel movement FLEET'S enema X 1 PRN if bisacodyl (DULCOLAX) ineffective magnesium hydroxide (MOM) concentrate 10 mL PO PRN before discharge	Constipation
<input checked="" type="checkbox"/> magnesium hydroxide/ aluminum hydroxide/ simethicone (MAALOX) 15 mL PO QID PRN	Indigestion
<input checked="" type="checkbox"/> simethicone (MYLICON) 80 mg PO QID PRN	Anti-flatulent
<input checked="" type="checkbox"/> hydrocortisone (ANUSOL HC) 25 mg suppository BID PRN or hydrocortisone (ANUSOL HC) 2.5% cream apply BID PRN (patient preference)	Hemorrhoids
<input checked="" type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN. May repeat X 1	Insomnia
<input checked="" type="checkbox"/> lidocaine (URO-JET) 2% jelly apply PRN	Foley Placement Pain
<input checked="" type="checkbox"/> Rho(D) Immune Globulin 300 mcg (1500 int. units) (RHOGAM full dose) IM X 1. Give if mother is Rh negative and baby is Rh positive. If mother is Rh negative and Du positive, RHOGAM is not needed	Rhesus Isoimmunization
<input checked="" type="checkbox"/> measles, mumps, rubella (MMR-II) vaccine 0.5 mL subcutaneously X 1. Give vaccine if rubella non-immune. Complete <i>Postpartum Vaccine Assessment</i>	Vaccination
<input checked="" type="checkbox"/> tetanus toxoid, reduced diphtheria toxoid, acellular pertussis (BOOSTRIX, ADACEL, Tdap) vaccine 0.5 mL IM X 1. Complete <i>Postpartum Vaccine Assessment</i>	

Other: _____

Physician Signature

Date

Time

