

Breese, Illinois

Vaginal Delivery - Intrapartum

Order Set Directions:

 = Performance Indicator

(√)-Check orders to activate. Orders with a pre-checked box will be followed unless lined out. Initial every order page & Sign, date, and time the last page.

GBS Status _____ Ht _____ Wt _____

Allergies

- NKDA

Activity

- Ambulate [Evidence](#) Other _____

Nursing Orders

- Follow policy "Care of Patient-First Stage of Labor" and "Care of Patient-Second Stage of Labor"
- Urinary straight catheterization PRN
- Dipstick urine for protein and glucose on admission
- External monitor
- If ROM and less than 37 weeks gestation, consult with physician prior to vaginal exam

Diet

- Clear liquid diet [Evidence](#) NPO except ice chips

IV Fluids

- Saline lock
- oxytocin in lactated ringers 10 unit/1,000 ml IV if heavy bleeding continues after delivery
- Lactated Ringers 1000mL @ rate _____ mL/hr

Group B Strep Prophylaxis (if indicated)

- penicillin G potassium (PFIZERPEN)
- 5 million units IVPB once initial dose
 - 3 million units IVPB every 4 hours until delivery; maintenance dose

Penicillin Allergic [Evidence](#)

- ceFAZolin (ANCEF) if not at high risk for anaphylaxis
- 2 gram IVPB once initial dose
 - 1 gram IVPB every 8 hours
- clindamycin (CLEOCIN)
- 900 mg IVPB every 8 hours until delivery if GBS susceptible to Clindamycin
- vancomycin (VANCOCIN)
- 1 gram IVPB every 12 hours until delivery if GBS resistant Clindamycin or susceptibility unknown

Group B Strep Prophylaxis: Reminders

[Evidence](#)

- For patients with unknown GBBS status at the onset of labor with any of the risk factors, antimicrobial prophylaxis should be administered
 - less than 37 weeks gestation
 - ROM greater than 18 hours
 - maternal temperature greater than 100.4
 - previous delivery of a child with invasive GBBS disease
 - history of bacteriuria in current pregnancy
- If Penicillin allergic antibiotic choice based on sensitivity done prenatally

Provider initials: _____



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DVT Prophylaxis for OB

Interventions

Low Risk

- Early ambulation

Moderate/High Risk

- Sequential Compression Devices (SCD) [Evidence](#)
- Apply anti-embolic stockings (graduated) [Evidence](#)
- heparin [Evidence](#)
 - 5,000 unit subcutaneously every 12 hours

Risk Criteria

Low Risk

- Vaginal Delivery
- Less than 35 y/o
- Prescribed bedrest

Moderate/High Risk

- Greater than 35 y/o
- Obesity
- Grand Multiparity
- Severe Varicosities
- Current Infection
- Pre-eclampsia
- Trauma
- Cancer
- Heart and Respiratory Failure
- Inflammatory Bowel Disease
- Nephrotic Syndrome

Very High Risk

- Extended surgery (i.e. c/hyst)
- History of VTE
- Antiphospholipid Syndrome
- Thrombophilia

• Anticoagulants not prescribed due to:

- Patient is ambulatory
- Active hemorrhage
- Patient currently on anticoagulants
- Abnormal creatinine clearance
- Epidural /spinal catheter in place
- Patient has heparin induced thrombocytopenia
- Platelet count less than 100,000 mm³
- Severe trauma to head, spinal cord, or extremities with hemorrhage within the last 4 weeks
- Active intracranial lesion/neoplasms/monitoring devices
- Warfarin use in the first trimester of pregnancy
- Coagulopathy (PT greater than 18 sec, INR greater than 2)
- GI/GU hemorrhage within the past 6 months, history of cerebral hemorrhage
- Proliferative retinopathy
- Uncontrolled hypertension (SBP greater than 200, DBP greater than 120, or both)
- End stage liver disease

Provider initials: _____



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Respiratory

- Oxygen via rebreathing mask per protocol

- Avoid prolonged maternal oxygenation via face mask [Evidence](#)

Blood Bank

- Hold clot tube for patients at low risk for hemorrhage [Evidence](#)
- Type and screen for patients at high risk for hemorrhage [Evidence](#)

High Risk for Hemorrhage

- | | |
|--|--|
| <input type="checkbox"/> Multiparity (5 or more pregnancies – 20 wks or greater) | <input type="checkbox"/> Placenta Previa/Abruption |
| <input type="checkbox"/> Previous Hemorrhage | <input type="checkbox"/> Multiple Gestation |
| <input type="checkbox"/> Macrosomia | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> On Anticoagulants | <input type="checkbox"/> Prior Uterine Surgery |
| <input type="checkbox"/> Pitocin Induction | <input type="checkbox"/> Chorioamnionitis |
| <input type="checkbox"/> Polyhydramnios | |

Hematology

- Complete blood cell count (CBC)
- Rapid HIV STAT if none done prenatally

Microbiology

- Culture, group B streptococcus (if not done at 36 weeks gestation)

Panels / Chemistry

- Prenatal panel 1A if no prenatal record
- Comprehensive metabolic panel (CMP)
- Basic metabolic panel (BMP)
- Liver profile
- Uric Acid
- LDH
- Urine drug screen

Other

- Cord blood gasses if APGAR less than 6 at 5 minutes or at the physician's request

Other Orders

Provider Signature: _____ **Date:** _____ **Time:** _____

