

Vaginal Delivery – Postpartum

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.

Vital Signs / Assessments

- Vital Signs BP, P, R, flow, fundal height every 15 minutes x 2 hours, then every hour x 2. Temperature every 4 hours for 8 hours after delivery
- Vital signs with fundal check and vaginal bleeding assessment every shift after recovery vital signs completed

Activity

- Up ad lib

Nursing Orders

Consider the use of ice packs or cold gel pads for relieving perineal pain or bruising

- Apply ice pack
- Sitz bath
- Urinary straight catheterization x 2 for distress, on 3rd catheterization insert Foley

Diet

- Regular diet Other _____

IV Fluids

- Saline lock -when IV from delivery is infused unless heavy bleeding present

Medications

Analgesics

- propoxyphene (DARVON)
 - 65 mg PO every 4 hours PRN for pain
- acetaminophen (TYLENOL)
 - 500 mg PO every 6 hours PRN for pain
 - 1000 mg PO every 6 hours PRN for pain
- ibuprofen (MOTRIN)
 - 800 mg PO every 8 hours PRN for pain or as prophylaxis prior to breast-feeding

Antacid

- aluminum hydroxide-magnesium hydroxide-simethicone (MAALOX)
 - 30 milliliter PO every 3 hours PRN for indigestion

Antibiotics

If 3rd and 4th degree laceration

- ceFAZolin (ANCEF)
 - 2 gm IVPB once

Penicillin Allergic

- clindamycin (CLEOCIN)
 - 900 mg IVPB once

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Immunizations

Rubella

measles/mumps/rubella virus vaccine (M-M-R II)

- 0.5 milliliter subcutaneously once upon discharge for patients without evidence or equivocal or rubella immunity

Tetanus, Diphtheria, Acellular Pertussis (Tdap)

diphtheria/pertussis, acellular/tetanus (ADACEL, BOOSTRIX)

- 0.5 milliliter intramuscularly once upon discharge
(Do not give if last tetanus was less than 2 years ago or Tdap was less than 10 years ago)

Influenza Virus

influenza virus vaccine, inactivated (AFLURIA; FLUZONE) **Oct thru March only**

- 0.5 milliliter intramuscularly once

Iron Supplements

ferrous sulfate

- 325 mg PO daily

Laxatives

docusate sodium (COLACE)

- 100 mg PO 2 times a day until 1st bowel movement
- 100 mg PO 3 times a day for 3rd or 4th degree laceration

glycerin

- 1 suppository rectally daily PRN for constipation

Sleep Aide

zolpidem (AMBIEN)

- 5 mg PO daily, at bedtime PRN for insomnia may repeat x 1 if non-breastfeeding

diphenhydrAMINE (BENADRYL)

- 25 mg capsule PO daily, at bedtime PRN for insomnia if breastfeeding

Topical Agents

hydrocortisone

- 1% cream applied topically PRN for hemorrhoids
- Topical anesthetic spray (DERMOPLAST) for perineal pain PRN
- Tucks to perineum PRN for perineal pain

lanolin topical

- applied topically PRN for sore nipples

Vitamins

- discontinue prenatal vitamins on admission and resume at discharge

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DVT Prophylaxis for OB

Interventions

Low Risk

- Early ambulation

Moderate/High Risk

- Sequential Compression Devices (SCD)
- Apply anti-embolic stockings (graduated)

heparin

- 5,000 unit subcutaneously every 12 hours

enoxaparin (LOVENOX)

- 40 milligram subcutaneously once a day
- 30 milligram subcutaneously once a day for CrCl less than 30 mL/min

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

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Smoking Cessation

- Education, smoking cessation

Medications

- nicotine 7 mg/24 hr transdermal film, extended release (NICODERM)
 - 1 patch transdermally daily
- nicotine 14 mg/24 hr transdermal film, extended release (NICODERM)
 - 1 patch transdermally daily (less than 10 cigarettes per day)
- nicotine 21 mg/24 hr transdermal film, extended release (NICODERM)
 - 1 patch transdermally daily (10 or more cigarettes per day)

Laboratory

- Kleihauer-Betke for suspected maternal fetal bleed
- RhoGam (Rhophylac) workup if indicated

Immunoglobulin's

- Rho (D) immune globulin (RHOPHYLAC)
 - 300 ucg IV or intramuscularly once if indicated

Pathology

- placenta to lab per criteria (labor/delivery policy "placenta pathology protocol")

Other Orders

Provider Signature: _____ Date: _____ Time: _____

