### General Triage

**Nursing Assessments [127141]**

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- **Fetal non stress test [OBO15]**
  - Routine, Once
  - Indication:

- **Initiate OB nursing site specific protocol for labor and delivery triage [NUR3251]**
  - Routine, Until discontinued, Starting S

**Activity - Off Unit [7790]**

- **Off unit with permission only [NUR185]**
  - Routine, Until discontinued, Starting S

**Diet (Single Response) [238637]**

- **Diet General [DIET24]**
  - Diet effective now, Starting S
  - Select/Nonselect:
  - Additional Modifiers:
  - Viscosity/Liquids:
  - Texture:
  - Supplement:
  - Diet Comments:

**OB labs [172223]**

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- **Pregnancy Induced Hypertension Panel [LAB5693]**
  - Once

- **Basic metabolic panel [LAB15]**
  - Once

- **CBC and differential [LAB293]**
  - Once

- **Rupture of fetal membranes [LAB3262]**
  - Once

- **Urinalysis with culture, if indicated [LAB3205]**
  - Once

- **Protein, urine, timed [LAB440]**
  - Once

- **Drug screen, urine, OB panel [LAB3059]**
  - Once

**Provider’s Initial: __________**
Genital (non-GC) culture and gram stain [LAB3263]  

Chlamydia/Gonorrhea by PCR (Genital Swab) [LAB5757]  

Chlamydia/Gonorrhea by PCR (Thin Prep) [LAB5758]  

Chlamydia/Gonorrhea by PCR (Urine) [LAB5761]  

OB IV Fluid [124640]  

- lidocaine (pf) (XYLOCAINE-MPF) 10 mg/mL (1 %) injection [104207] 0.1-2 mL, IntraDermal, As needed, For IV start, For 1 Doses  

Saline Lock and Flush Panel [408132313]  

- sodium chloride 0.9 % syringe [7319] 10 mL, IntraCatheter, Every 8 hours, Labor and Delivery  

- Saline lock IV [IVT11] Routine, Continuous, Labor and Delivery  

- lactated ringers infusion [4318] 125 mL/hr, IntraVENous, Continuous, Labor and Delivery  

Antibiotics for Group B Strep [408131663]  

- Penicillin G Potassium for Group B Strep (Panel) [408132317] "Followed by" Linked Panel  

- penicillin G potassium IVPB [420033] 5 Million Units, IntraVENous, Once (expires in 36 hours), For 1 Doses, Labor and Delivery  

- Patient is Group B Strep positive  
  Please choose an indication  
  - Genital Tract Infection  

- penicillin G potassium IVPB [420033] 2.5 Million Units, IntraVENous, Every 4 hours, Labor and Delivery  

  Administer every 4 hours until Delivery.  
  Please choose an indication  
  - Genital Tract Infection  

Provider’s Initial: ________
### OB Antibiotics IF Penicillin Allergic [124641]

<table>
<thead>
<tr>
<th>Indication</th>
<th>Antibiotic</th>
<th>Dose</th>
<th>Duration</th>
<th>Route</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients not at high risk for anaphylaxis:</td>
<td>ceFAZolin (ANCEF) IV [420006]</td>
<td>2 g, IntraVENous, Once (expires in 36 hours), For 1 Doses, Labor and Delivery</td>
<td>Cefazolin (Ancef) 2g IV followed by 1 g every 8 hours until delivery. Patient is Group B Strep positive. Patient is penicillin allergic and is NOT at high risk for anaphylaxis. Please choose an indication</td>
<td>Genital Tract Infection</td>
<td></td>
</tr>
<tr>
<td>Patients at high risk for anaphylaxis:</td>
<td>Clindamycin [420108]</td>
<td>900 mg, IntraVENous, Every 8 hours, Labor and Delivery</td>
<td>Patient is Group B Strep positive. Patient is penicillin allergic and IS high risk for anaphylaxis. Please choose an indication</td>
<td>Genital Tract Infection</td>
<td></td>
</tr>
<tr>
<td>Group B Strep resistant to clindamycin:</td>
<td>vancomycin [408131667]</td>
<td>__________________________ REQUIRED</td>
<td>vancomycin (VANCOCIN) IVPB 250 mL (base) [420024]</td>
<td>1,000 mg, IntraVENous, Every 12 hours, Labor and Delivery</td>
<td>Patient is Group B Strep resistant to clindamycin or erythromycin. Indications for Use: (trough goal in parenthesis): Please choose an indication (trough goal in parenthesis): Genital Tract Infection (10-15)</td>
</tr>
</tbody>
</table>

### Therapeutic Rest [238642]

<table>
<thead>
<tr>
<th>Indication</th>
<th>Medication</th>
<th>Dose</th>
<th>Duration</th>
<th>Route</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MORPHINE SULFATE IV ORDERABLE [420065]</td>
<td>10 mg, IntraMuscular, Once (expires in 36 hours), For 1 Doses</td>
<td>For therapeutic rest</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>promethazine (PHENERGAN) injection [6618]</td>
<td>25 mg, IntraMuscular, Once (expires in 36 hours), For 1 Doses</td>
<td>For therapeutic rest</td>
<td></td>
<td></td>
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Provider's Initial: __________
## Imaging

<table>
<thead>
<tr>
<th>OB Imaging [238638]</th>
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<tr>
<td>[ ] US OB Greater than 14 Weeks Transabdominal Single Gestation [IMG532]</td>
</tr>
<tr>
<td>Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? Transport Mode:</td>
</tr>
<tr>
<td>[ ] US Fetal Biophysical Profile without Non Stress Testing [IMG540]</td>
</tr>
<tr>
<td>Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? Transport Mode:</td>
</tr>
</tbody>
</table>

DATE __________ TIME __________ ORDERING PROVIDER PRINT NAME __________

PROVIDER SIGNATURE __________

DATE __________ TIME __________ RN ACKNOWLEDGED __________