Postpartum Vaginal Delivery - Discharge [30401552]

Reminder: discontinue previous active labor orders.

Height ____________
Weight ____________
Allergies ______________________________________________________________

**General**

**Vital Signs**

[X] Vital signs  
Routine, Every shift, Starting today, Per protocol, Postpartum

[] Other

**Activity (AMB Orders)**

[X] Activity as tolerated
Routine, Clinic Performed, Discharge Readmit

[] Other

**Diet (AMB Orders)**

[] Diet NPO  
Routine, Clinic Performed, Discharge Readmit

[X] Diet General
Routine, Clinic Performed, Discharge Readmit

[] Diet Diabetic
Routine, Clinic Performed, Discharge Readmit

[]Advance diet as tolerated
Routine, Hospital Performed, Discharge Readmit

[] Other

**Nursing Assessment - Postpartum**

[X] Remove from Recovery Status
Routine, Until discontinued, Starting today, Remove when vital signs stable, fundus firm, and flow is moderate., Postpartum

[] Other

**Nursing Intervention**

[X] Perineal care
Routine, Continuous, Starting today  
Type: Ice to affected area  
PRN postpartum for comfort and/or swelling., Postpartum

[X] Straight catheter
Routine, As needed, Starting today For 2 Occurrences, Postpartum: If distended and unable to void, may repeat once., Postpartum

[] Retention Catheter Panel

[] Insert urinary retention catheter
Routine, As needed, Starting today, Insert as needed for inability to void or feelings of discomfort or distention.  
Initiate Medical Staff Approved Urinary Catheter Protocol

[] Urinalysis with culture, if indicated, upon insertion
Daily, Starting today with First Occurrence Include Now For 2 Occurrences  
Obtain a UA-R upon insertion and repeat UA-R prior to 48 hours post-insertion.

[] Other

**SAH, SCH, SFH, SJMC and Harrison Consult - Postpartum**

[X] Consult to Lactation
Reason for Consult?  
Postpartum

[] Other

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**PHYSICIAN ORDERS**

**POST PARTUM VAGINAL DELIVERY-Discharge**

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Provider Initials _____
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(11/25/09)
Revision R
### Postpartum Hemorrhage

| [X] | Initiate OB postpartum hemorrhage policy | Routine, Once, Starting today For 1 Occurrences, Postpartum |
| [X] | Notify provider for postpartum hemorrhage | Routine, Once, Starting today For 1 Occurrences |
| | | Pulse greater than: |
| | | Respiratory rate less than: |
| | | Respiratory rate greater than: |
| | | Temperature greater than (Celsius): |
| | | Urine output less than (mL/hr): |
| | | Systolic BP greater than: |
| | | Systolic BP less than: |
| | | Diastolic BP greater than: |
| | | Diastolic BP less than: |
| | | Other: |
| | | Postpartum |

| | Other |
| | Labs |
| | Labs - Postpartum |
| | [ ] | Rhogam Injection Order |
| | | Rhogam product order [from Lab] | ASAP, Starting today |
| | | rho(d) immune globulin (RHOPHYLAC) injection 300 mcg [MAR documentation] | 300 mcg, IntraMuscular, Once, Routine |
| | [ ] | Rhogam workup | Once, Starting today For 1 Occurrences |
| | | Rhogam Workup is not required if patient is less than 19 weeks gestation or Antepartum. |
| | [ ] | Hematocrit | Once, Starting today For 1 Occurrences |
| | | 8-12 hours after delivery/while awake., Postpartum |
| | | [ ] | Other |

| | IV Fluids |
| | IV Fluids |
| | [ ] | Saline Lock and Flush Panel |
| | | sodium chloride 0.9 % syringe | 10 mL, IntraCatheter, Every 8 hours, Routine |
| | | Saline lock IV | Routine, Continuous, Starting today |
| | [ ] | lactated ringers infusion | 125 mL/hr, IntraVEnous, Continuous, Postpartum |
| | | dextrose 5 % in lactated ringers infusion | 125 mL/hr, IntraVEnous, Continuous, Postpartum |
| | | Discontinue IV when patient is stable Routine |
| | [ ] | Other |

| | Medication |
| | Analgesia Postpartum (AMB Orders) |
| | [ ] | OXYCODONE-ACETAMINOPHEN 5 MG-325 MG TABLET | Print |
| | | REQUIRED: Pain Option ________ |
| | [ ] | IBUPROFEN 400 MG TABLET | Normal |
| | | REQUIRED: Pain Option ________ |
| | [ ] | HYDROCODONE-ACETAMINOPHEN 5 MG-325 MG TABLET | Print |
| | | REQUIRED: Pain Option ________ |
| | [ ] | ACETAMINOPHEN 325 MG TABLET | Normal |
| | [ ] | Other |

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**Provider Initials _____**

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**PHYSICIAN ORDERS**

**POST PARTUM VAGINAL DELIVERY-Discharge**

(11/25/09)
Revision R
Break Through Pain Postpartum (AMB Orders)

[ ] OXYCODONE 5 MG TABLET
[ ] Other

Other Medications Postpartum (AMB Orders)

[ ] DOCUSTATE SODIUM 100 MG CAPSULE
[ ] BENZOCAINE 20 % TOPICAL AEROSOL

[ ] GLYCERIN-WITCH HAZEL 12.5 %-50 % TOPICAL PADS
[ ] LANOLIN TOPICAL CREAM

[ ] Other

Nicotine Replacement Therapy (AMB Orders)

Nicotine Replacement therapy will be avoided if possible in patient with unstable acute coronary syndrome for 72 hours. After 72 hours if chest pain, arrhythmias, and/or blood pressure have stabilized, Nicotine replacement may be considered at ONE STEP below the calculated replacement dose. NOTE: 1/2 pack = 10 cigarettes

The nicotine products listed below may be used as monotherapy or in combination therapy. Combination therapy should include a nicotine patch plus either nicotine gum or nicotine lozenges.

**Smoking History**

Recommended Starting Dose

- Step down therapy after initial nicotine Replacement for 6-7 weeks
  - Nicotine patch, 7mg
- 10 Cigarettes per Day or less, past history Of cardiovascular disease, or weight under 45 kg
  - Nicotine patch, 14 mg
- Heavy smokers (More than 10 cigarettes/day)
  - Nicotine patch, 21 mg
- Smokeless tobacco users, pipe
  - Nicotine Gum, 2mg

Note to provider: Insulin requirements may change - monitor blood sugars. Topical Steroids and oral antihistamines may be recommended to treat less severe skin irritations.

[ ] No Smoking while on nicotine replacement therapy

[ ] NICOTINE 7 MG/24 HR DAILY PATCH
[ ] NICOTINE 14 MG/24 HR DAILY PATCH
[ ] NICOTINE 21 MG/24 HR DAILY PATCH
[ ] NICOTINE (POLACRILEX) 2 MG GUM
[ ] Other

Date: ______ Time: _______ Printed Name of Ordering Provider: __________________________________________________________

Provider Signature: ________________________________________________

Date: ______ Time: _______ RN Acknowledged: ______________________________

Provider Initials ______

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PASIENT INFORMATION

St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

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