



Last Admit Date:

## OB ADMISSION ORDERS

<b>DIAGNOSIS</b>	
<b>ADMIT TO</b> Dr. _____ (with Dr. _____ covering) <input type="checkbox"/> Hospitalist	
<b>STATUS</b> <input type="checkbox"/> Referred for Observation <input type="checkbox"/> Inpatient <input type="checkbox"/> OPS Expected LOS > two midnights <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>MEDICAL NECESSITY DATA</b> (S&S, LAB/XRAY REPORTS etc)	
<b>SERVICE</b> <input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> ICU/IMCU <input type="checkbox"/> WH <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pediatrics <input type="checkbox"/> Ortho	
<b>CONDITION</b> <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Poor <input type="checkbox"/> Critical <input type="checkbox"/> Continue DNR	
<b>CONSULT</b> <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Done <input type="checkbox"/> Page on Arrival <input type="checkbox"/> Page in AM	
<b>CONTACT MD</b>	<input type="checkbox"/> For any question/problems <input type="checkbox"/> In AM w/ room # <input type="checkbox"/> On arrival to floor <input type="checkbox"/> Further Orders
	1. NPO except ice chips
	2. <input type="checkbox"/> CBC with diff <input type="checkbox"/> RPR <input type="checkbox"/> Type & Screen if previous C-Section Urinalysis: <input type="checkbox"/> Routine <input type="checkbox"/> C&S
	3. Maintain IVF: <input type="checkbox"/> RL <input type="checkbox"/> D5RL <input type="checkbox"/> D5 1/2NS
	4. GBS prophylaxis if indicated
	5. Epidural anesthesia at 4cm's if desired – bolus RL if indicated
	6. <input type="checkbox"/> Foley, may use Xylocaine 1% gel as lubricant Reason—_____
	7. If no prenatal care: CBC, UA with micro and C&S, Rubella Titer, RPR, Type & Screen, HBSAG, Urine Drug Screen, HIV (must obtain patient's written consent)
	8. Preterm Labor less than 37 weeks, obtain Urine Drug Screen
	9. <input type="checkbox"/> mini prep <input type="checkbox"/> enema – fleets/ss
10. Continuous Fetal Monitor	
<b>MEDICATION ORDERS (If Checked)</b>	<input type="checkbox"/> Call Physician for meds <input type="checkbox"/> Zofran 4mg IVP every 4 hrs PRN N/V <input type="checkbox"/> Ambien 10mg PO every HS prn insomnia <input type="checkbox"/> Mylanta 30ml PO every 4 hrs prn indigestion/heartburn <input type="checkbox"/> Tylenol 650mg PO every 4 hrs prn headache, Maximum 4 gram dose in 24 hours <input type="checkbox"/> Carbocaine 1% or <input type="checkbox"/> Lidocaine 1% for episiotomy (Check one) <input type="checkbox"/> Cytotec 25 micrograms intra vaginally behind the cervix every 3 hrs per protocol <input type="checkbox"/> Pitocin Per Protocol <input type="checkbox"/> Zithromax 500mg/NS250ml with filter IVPB once if Rupture of Membranes
	<b>Pain Management: (SELECT ONLY ONE)</b> <input type="checkbox"/> Stadol 2mg SIVP every 2 hrs prn pain <input type="checkbox"/> Demerol 50mg <input type="checkbox"/> SIVP <input type="checkbox"/> IM <input type="checkbox"/> PO every 4 hrs prn pain

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