

Caring for Pregnant patients in the hospital with EPIC

Admitting to L&D:

1. Sign into EPIC
2. Make your location **FAMILY PRACTICE SERV**
3. Go to **Patient Lists**
4. Go to **Systems**, then **units**, then **L&D**
5. Find your patient, right click, pick **treatment team**, left click
6. Under **treatment provider** search "**fam**", Choose **Fam Med OB**, under relationship pick **treatment team**
7. Then, open the chart – double click
8. Go to **navigators – admission**
9. Go to **order sets – search "OB"**
10. Choose: **OB Admission for Labor** (if this is not on your favorite list put it there)
11. Open orders, check all that are appropriate, and sign
12. Address **Allergies**, best to do this through the left hand side – **NKDA**
13. Find **Problem List – click New Medical Problem**, search "normal pregnancy", accept.

Please review the orders in this Order Set before signing. Information displayed in this report may not accurately reflect patient specific defaults applied when the Order Set is opened.

OB Admission for Labor

Orders

Admission/Transfer/Discharge

IP ADMISSION ONCE, Starting today at 9:49 AM

Code Status - One Selection Required

Code Status - Full Code Full Code
 Code Status - Full/Prefs Full/Prefs
 Code Status - No Code No Code

Code/End Of Life Preferences

HCMC [URL: http://hcmcnnet/Intranet/HR/HCMCpol.nsf/4fbed10fa22d07b0862565310065236e/862565cd0058cc](http://hcmcnnet/Intranet/HR/HCMCpol.nsf/4fbed10fa22d07b0862565310065236e/862565cd0058cc)
Health OpenDocument
Care
Directive
Policy

Code/End Of Life Preferences
 Consult To Social Services

Monitoring

Vital Signs
 Fetal Monitoring CONTINUOUS
 Sterile vaginal exam
 UA Dipstick for proteins, ketones and glucose ONCE for 1 occurrence

Lines and Drains

Foley Catheter

IVs

Saline Lock
 lactated ringers Intravenous, CONTINUOUS
 dextrose 5%-lactated ringers 125 mL/hr, Intravenous, CONTINUOUS
 IV Fluid - Open to Complete

Notify Provider

Notify Provider W/Standard Vitals ONGOING
 Notify Provider W/Other Vitals
 Notify Provider - Free text

Isolation

Standard Precautions will be followed for all admissions.

Isolation Definitions

URL: http://hcmcnet/document/ehr/isolation_definitions.doc

<input checked="" type="checkbox"/> Contact Isolation	Contact
<input checked="" type="checkbox"/> Droplet Isolation	Droplet
<input checked="" type="checkbox"/> Special Respiratory Isolation	Sp.Resp.
<input checked="" type="checkbox"/> Special Respiratory and Contact Isolation	Cont;SR
<input checked="" type="checkbox"/> Airborne Isolation	Airborne
<input checked="" type="checkbox"/> Airborne and Contact Isolation	Cont;Air
<input checked="" type="checkbox"/> Neutropenic Isolation	Neutrop

Precautions

<input checked="" type="checkbox"/> Seizure Precautions
<input checked="" type="checkbox"/> Aspiration Precautions
<input checked="" type="checkbox"/> Alcohol Withdrawal Precautions

Respiratory

<input checked="" type="checkbox"/> Oxygen	
<input checked="" type="checkbox"/> Oximetry - Spot Check	AS NEEDED for 1 occurrence
<input checked="" type="checkbox"/> Oximetry-Cont (ED/PACU/L&D/OR)	

Diet/Nutrition

ADA Consistent Carb Definitions

URL: http://hcmcnet/document/ehr/ada_consistent_carb_diet_link.doc

<input checked="" type="checkbox"/> Diet NPO	START NOW
<input checked="" type="checkbox"/> Diet-Combo Clear Liquid	
<input checked="" type="checkbox"/> Diet-Combo Regular	
<input checked="" type="checkbox"/> Diet-Combo Regular, Consistent Carbohydrate Medium	

Activity

<input checked="" type="checkbox"/> Up Ad Lib
<input checked="" type="checkbox"/> Bedrest with bathroom privileges
<input checked="" type="checkbox"/> Bedrest without bathroom privileges

DVT Prophylaxis

<input checked="" type="checkbox"/> Sequential Compression Device (Knee High)	ONGOING
<input checked="" type="checkbox"/> Sequential Compression Device (Thigh High)	ONGOING

Steroids

<input checked="" type="checkbox"/> betamethasone (CELESTON SOLUSPAN)	12 mg, Intramuscular, DAILY for 2 doses
<input checked="" type="checkbox"/> dexamethasone (DECADRON)	6 mg, Intramuscular, Q12H for 4 doses

Endocrine / Metabolic

<input checked="" type="checkbox"/> oxytocin (PITOCIN)	10 Units, Intramuscular, ONE TIME for 1 dose
<input checked="" type="checkbox"/> oxytocin (PITOCIN) 20 units in D5LR	

Antibiotics

<input checked="" type="checkbox"/> PENicillin load	5 Million Units, Intravenous, ONE TIME for 1 dose
<input checked="" type="checkbox"/> PENicillin	2500000 Units, Intravenous, Q4H
<input checked="" type="checkbox"/> cefaZOLIN (ANCEF) load	2 g, Intravenous, ONE TIME for 1 dose
<input checked="" type="checkbox"/> cefazolin (ANCEF)	1 g, Intravenous, Q8H
<input checked="" type="checkbox"/> CLINDAmycin (CLEOCIN)	900 mg, Intravenous, Q8H
<input checked="" type="checkbox"/> VANCOmycin	1000 mg, Intravenous, Q12H
<input checked="" type="checkbox"/> AMPicillin	2 g, Intravenous, Q6H
<input checked="" type="checkbox"/> GENTamicin load	2 mg/kg, Intravenous, ONE TIME for 1 dose
<input checked="" type="checkbox"/> GENTamicin	1.5 mg/kg, Intravenous, Q8H
<input checked="" type="checkbox"/> ERTHROmycin	500 mg, Intravenous, Q6H

Laboratory

<input checked="" type="checkbox"/> TYPE & SCREEN PANEL	Panel
<input checked="" type="checkbox"/> BLOOD TYPING-ABO/RH	Routine, ONCE, Starting today at 9:49 AM
<input checked="" type="checkbox"/> ANTIBODY SCREEN	Routine, ONCE, Starting today at 9:49 AM
<input checked="" type="checkbox"/> Precautionary Tube	STAT, UPON ADMISSION
<input checked="" type="checkbox"/> Hemoglobin	STAT, UPON ADMISSION
<input checked="" type="checkbox"/> Hematocrit	STAT, UPON ADMISSION
<input checked="" type="checkbox"/> CBC with Platelet	STAT, UPON ADMISSION
<input checked="" type="checkbox"/> CBC with plts/auto diff	STAT, UPON ADMISSION
<input checked="" type="checkbox"/> RPR (Syphilis Screen)	STAT, UPON ADMISSION
<input checked="" type="checkbox"/> Miscellaneous Lab	STAT, ONCE
<input checked="" type="checkbox"/> Hepatitis B Surface Antigen	STAT, ONCE
<input checked="" type="checkbox"/> Rubella ABY (Immune Status)	STAT, ONCE
<input checked="" type="checkbox"/> Urinalysis, Total	STAT, UPON ADMISSION
<input checked="" type="checkbox"/> Urine Culture	Routine, Urine Straight
<input checked="" type="checkbox"/> Perinatal Drug Screen, Urine	STAT, ONCE
<input checked="" type="checkbox"/> GC Amplification	Routine, Genital Spec
<input checked="" type="checkbox"/> Chlamydia Amplification	Routine, Genital Spec
<input checked="" type="checkbox"/> Beta Strep Culture, Vag/Rect	Routine, Vaginal/Rectal

Consults

- Consult To Neonatal Nurse Practitioner
- Consult to Social Services

Miscellaneous Orders

- May Have Doula
- Newborn ICU team at delivery per nurses / provider discretion PRN