



METHODIST HOSPITAL

300 W. Huntington Drive, Arcadia, CA 91007



DTPHYORD

PHYSICIANS' ORDERS

DEPARTMENT: Maternal Child Health

Directions: Orders with boxes will be considered valid if checked or blanks filled in. Orders without boxes will be considered valid unless crossed out.

POST-PARTUM ORDERS

Medication Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Latex Allergy:  Yes  No

- Vaginal Delivery, C/Section Delivery, Diet, Activity options

- Continue sequential compression devices, I&O every 12 hours, breastfeeding instructions, catheterization, Foley catheter

Lab:  CBC first Post-Partum A.M. or discharge  RhoGam Studies  Other \_\_\_\_\_

IV:  Discontinue IV when voiding  Continue IV fluids per physician's order  IV of Oxytocin (Pitocin®) 20 units in 1000ml LR at 125 ml/hr x 24 hours.

Pain Management:

Select one of the following only for mild pain:

- Ibuprofen (Motrin®) 600mg 1 tablet PO every 6 hours PRN
Acetaminophen (Tylenol®) 650 mg PO every 4 hours PRN

Select one of the following only for moderate to strong pain:

- Acetaminophen 300 mg w/codeine 30 mg (Tylenol #3®) 1 tablet PO every 4 hours PRN
Hydrocodone 5 mg/Acetaminophen 325 mg (Norco® 5/325) 1 tablet PO every 4 hours PRN
Acetaminophen 325 mg/Oxycodone 5 mg (Percocet 5®) 1 tablet PO every 4 hours PRN

Select one of the following only for severe pain

- Acetaminophen 300 mg w/codeine 60 mg (Tylenol #4®) 1 tablet PO every 4 hours PRN
Hydrocodone 5 mg/Acetaminophen 325 mg (Norco® 5/325) 2 tablets PO every 4 hours PRN
Acetaminophen 325 mg/Oxycodone 5 mg (Percocet 5®) 2 tablets PO every 4 hours PRN

Ibuprofen (Motrin®) 600mg 1 tablet PO routine every 6 hours for inflammation

Other: \_\_\_\_\_

Antibiotics:  Cefazolin (Ancef®) 1 gram IVPB x 1 dose
 Ampicillin 2 grams IVPB every 6 hours times \_\_\_\_\_ doses
 Other \_\_\_\_\_

Prochlorperazine (Compazine®) 10 mg IM for nausea x 1 only OR  Other \_\_\_\_\_

Peri-Colace 1 cap PO b.i.d. in A.M. and at bedtime

Bisacodyl (Dulcolax®) supp 10 mg OR  Harris Flush OR  Fleet's Enema x 1 PRN constipation or flatus

Methylergonovine maleate (Methergine®) 0.2 mg IM PRN bleeding x 1 dose, if BP < 140/90

- Immune Globulin Rho (D) (RhoGam®) IM x 1 dose if indicated
If Rubella not immune, give MMR subcut x 1 dose
Tdap vaccine 0.5ml IM x 1 dose per screening criteria

Pericare:

- Ice pack to perineum:  For 12 hours  For 18 hours  For 24 hours  Other \_\_\_\_\_
 Tucks for perineal discomfort PRN  Anesthesia spray and ointment PRN  Sitz-bath four times daily
 Abdominal Binder

Table with 4 columns: Signature, MD#, RN Signature, Date, Time