ORDER SET FOR PRETERM ADMISSION
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DOCTOR'S ORDER PLEASE NOTE ALL ALLERGIES ON INITIAL ORDERS	REQUISITIONED	NOTED
● Diagnosis:_____ ● Admit to the service of Dr_____ ● Allergies(include reactions): _____ ● Estimated gestational age _____weeks **1. Admit to:**_____ **2. Vital signs** ❑ Initiate protocol: Vitals signs per Clinical Practice Guidelines/Policy ❑ Other:_____ **3. Activity** ❑ Strict bed rest ❑ Bathroom privileges ❑ Other:_____ **4. Fetal Monitoring** ❑ Continuous fetal monitoring / Tocodynamometry ❑ Other:_____ **5. Diet** ❑ NPO ❑ Ice chips ❑ Clear liquids ❑ Other: _____ **6. Nursing** ❑ Obtain prenatal records ❑ Obtain medical records from previous admissions ❑ Foley catheter to straight drainage ❑ Initiate: Reflexes per Clinical Practice/Guidelines ❑ Restrict Intake & Output ❑ Obtain patient weight ❑ Other: _____ **7. IV** ❑ IV peripheral ❑ Lactated Ringers 1000 mL at (rate)____mL/hour ❑ Total IV fluids at 125 mL/hr Other: _____ **continued** **PHYSICIAN /SIGNATURE**_____**DATE**_____ **PRACTITIONER** **ID# OR PRINT NAME**_____**TIME**_____		

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DOCTOR'S ORDER PLEASE NOTE ALL ALLERGIES ON INITIAL ORDERS	REQUISITIONED	NOTED
8. Medications a) ❑ Betamethasone (e.g. Celestone®) 12 mg IM now and repeat in 24 hours **OR** ❑ Dexamethasone (e.g. Decadron®) 6 mg IM every 12 hours x 4 doses b) ❑ Penicillin 5 million units IV now followed by Penicillin 2.5 million units IV every 4 hours ***If allergic to penicillin give*** Clindamycin (e.g. Cleocin®) 900 mg IV every 8 hours c) ❑ Ampicillin (e.g. Marcillin®) 2 grams IV every 6 hours. ***If allergic to penicillin give*** Clindamycin (e.g. Cleocin®) 900 mg IV every 8 hours **AND** ❑ Azithromycin 500 mg IV daily d) ❑ Promethazine (e.g. Phenergan®) 25 mg IV every 6 hours PRN nausea, if no response to Promethazine, give Ondansetron (e.g. Zofran®) 4 mg IV every 6 hours PRN, refractory nausea e) ❑ Magnesium Sulfate in water, 40 grams premix, give ___gram loading dose IV over 20 minutes, then ___gram/hour continuous IV infusion f) ❑ Acetaminophen (e.g. Tylenol®) 650 mg PO every 6 hours PRN for pain /fever g) ❑ Zolpidem (e.g. Ambien™) 5 mg PO every HS PRN for sleep, may repeat x 1 if no sleep within 30 minutes k) ❑ Sodium Citrate and Citric Acid (e.g. Bicitra ®) 30 mL PO every 4 hours PRN for heartburn h) ❑ Other: _____ i) ❑ Other: _____ **9. Laboratory Tests** ❑ CBC ❑ Type & Screen ❑ Urinalysis ❑ Urine culture and sensitivity, gram stain ❑ Urine toxicology ❑ Cultures: GC, Chlamydia cervical cultures, GBS vaginal/rectal cultures ❑ Other:_____ ❑ Other:_____ _____ **10. Fetal Evaluation** ❑ _____ **11. Consult (e.g. Maternal Fetal Medicine, Neonatology, Pediatrics, Other)** ❑ _____ ❑ _____ **12. Other** ❑ _____ ❑ _____ **PHYSICIAN /SIGNATURE**_____**DATE**_____ **PRACTITIONER ID# OR PRINT NAME**_____**TIME**_____		