CHAPTER 14

Pregnancy, Childbirth and the Puerperium

INTERMEDIATE HEALTH RECORD

Discharge Summaries

Discharge Summary Notes

All notes

Author		Service	Author Type	Filed	Note Time
	CNM	(none)	NURS-Midwife	09/14/2008 1055	09/14/2008 1055

9/12/2008 7:58 PM

Discharge DX: IUP at term. Delivered.

Procedure: Patient NEWBORN DATA in the past 72 hrs:

	Date of Birth	Time of Birth	Sex	Birth Weight (grams)	Birth Weight (lbs/oz)	1 Minute Apgar Total	5 Minute Apgar Total	Presentation	Delivery Method	Cord	Cord Vessels
09/13/08 0200	9/13/08	0214	Female	-	-	-	-	OA	Vaginal	Nuchal cord x 1	3

Patient MATERNAL DATA in the past 72 hrs:

	GBS	HbsAg	HIV	Blood Type	RH	Antibody Screen	Rubella Status	Hemoglobin	VDRL/RPR
09/12/08 2300	Positive	Negative	Negative	A	Positive	Negative	Immune	-	Non-reactive
09/12/08 2059	Positive	-	-	-	-	-	-	-	-

Other Procedures:

Postpartum course uncomplicated.

HEMOGLOBIN	(g/dL)
Date	Value
9/12/08 2235	12.0

Discharge Meds. Ibuprofen, PNV, Stool Softener.

Discharge Activity Instructions: Tub Bath PRN, Regular Diet. Activity as Tolerated.

History and Physical

H&P Notes

All notes

Author	Service	Author Type	Filed	Note Time
CNM	(none)	NURS-Midwife	09/13/2008 0109	09/13/2008 0053

is a 26 y.o. G1 P 0 with EDC of 9/13/08 at 40 weeks gestation.
Presents to L&D with C/O ctx.
Contractions every 5-6
Rupture of Membranes: no
Bloody show: no
Fetal Movement: yes

Present OB History: Prenatal Care at with CNM's
Prenatal Record Reviewed.
TWG: 55lbs.

Labs: Patient MATERNAL DATA in the past 72 hrs:

	GBS	HbsAg	HIV	Blood Type	RH	Antibody Screen	Rubella Status	Hemoglobin	VDRL/RPR
09/12/08 2300	Positive	Negative	Negative	A	Positive	Negative	Immune	-	Non-reactive
09/12/08 2059	Positive	-	-	-	-	-	-	-	-

1 hour PC = 81
Platelets = 203

Problems in Pregnancy:
1. Quinine and Pregnant
2. GBS positive -

Past Ob history:
none
PAST MEDICAL HISTORY:
neg
PE: BP 130/76 | Pulse 96 | Temp 98.2 °F (36.8 °C) | Resp 20 | Ht 1.829 m (6') | Wt 116.574 kg (257 lb) | LMP OB (9/13/08)
Lungs: clear to auscultation
Heart: RRR

Abd: FHT 140,s with variable done to 120,s- 60. with moderate variable.
Contractions q 5-6 min./60 sec/intense intensity

History and Physical continued

Pelvic: CX 3 cm dilated/ 80 effaced/ -1 station,
Legs: DTR's: 2+, Clonus: 0

A: IUP at 40 weeks

P: Admit to labor and delivery
EFM.
Consult with Dr AROM and IFSE placed light meconium noted.
DR called to the rome for evaluation .
o2 started pt is in hands and knee positions.

CNM
9/13/2008

Procedure Notes

Procedure Notes

All notes

Author	Service	Author Type	Filed	Note Time
CNM	(none)	NURS-Midwife	09/13/2008 0251	09/13/2008 0244

Delivery Note:
Pt start pushing at 0200 FHT down 70 DR called to the room.
Normal spontaneous vaginal delivery at 02.14 over an intact perineum.
Apgar's were 9 at 1 minute and 9 at 5 minutes.baby handed to NNP.
Birth weight was 7 lbs. 15 oz.. Baby is a girl.
After the head was delivered the mouth and nose were
bulb suctioned on prior to delivery of the shoulders.
Nuchal cord : Present .
Baby vigorous with tactile stimulation.
Labor analgesia was Epidural
Placenta delivered spontaneously at 0218 with a 3 vessel cord.
Pitocin was given IV after delivery of the Infant and placenta.
Inspection of perineum revealed 2 nd degree laceration noted . Perineum was repaired with 3-0 chromic suture in the usual fashion.
Fundus firm and bleeding stable.
EBL was 400 cc's.
Mother and baby tolerated the birth well.
Plans to breast feed.

CNM
9/13/2008

[redacted] (26 y.o. F) (Adm: 9/12/08)

Link to Baby (Additional Information)

Baby's name	Account	DOB	Age	Sex	Admission Type
	2846327	9/13/08		F	Discharged

Default Flowsheet Data

REPORT-DELIVERY MOM

Row Name	Value	Row Name	Value
PRENATAL LABS		Date of Rupture	**9/12/08** -
GBS	**Positive** -	Time of Rupture	**2242** -
HbsAg	**Negative** -	Fluid Type	**Thin meconium** -
HIV	**Negative** -	Fluid Amount	**Small**
Blood Type	**A** -	**MEMBRANES / FLUID**	
RH	**Positive** -	Fluid by Observation	**Light mec** -
Antibody Screen	**Negative**	ROM > 18 hours	**No** -
Rubella Status	**Immune**	Maternal Temp > 100.4 F	**No** -
VDRL/RPR	**Non-reactive**	**CHRONOLOGY / BABY**	
INTRAPARTUM EVENTS		Date of Birth	**9/13/08**
Significant L&D Medications	**Antibiotic(s) received less than 4 hours prior to delivery** -	Time of Birth	**0214**
Anesthesia/Analgesia	**Epidural** -	Delivery of Placenta Date	**9/13/08** -
Significant Events/Complications	**None** -	Time	**0218**
(IA) HEALTH PERCEPTION/HEALTH MANAGEMENT PATTERN		Delivery Room #	**6410** -
Patient Offered Smoking Cessation Information	**Not applicable, does not smoke** -	**PLACENTA / CORD**	
PLANS FOR BIRTH AND HOSPITAL STAY		Placenta	**Spontaneous;Complete** - SM
Do you have a written birth plan?	**No** -	Cord	**Nuchal cord x 1** -
Infants MD	**health partners**	Cord Vessels	**3**
Infants last name	**Nnolim**	**DELIVERY PRESENTATION**	
Feeding preference	**Breast** -	Presentation	**Vertex: OA** -
CHRONOLOGY / MOTHER		**DELIVERY METHOD**	
Presented for Care (Date in)	**9/12/08** -	Delivery Method	**Vaginal** -
Presented for Care (Time in)	**2000** -	Shoulder Dystocia	**N/A** -
Onset of Labor Date	**9/12/08** -	Forceps	**N/A**
Time	**2310** -	**VACUUM**	
Active Labor Date	**9/12/08** -	Vacuum Type	**N/A**
Time	**2310** -	**EPISIOTOMY / LACERATION**	
Complete Date	**9/13/08**	Episiotomy	**None** -
Time	**0110**	Laceration	**Perineal 2nd degree** -
Pushing Date	**9/13/08** -	**EBL**	
Time	**0210** -	EBL	**< 500 ml** -
MEMBRANES		**CARE PROVIDERS**	
Membrane Status	**Artificial Rupture of Membranes** - KL	Circulator RN(s):	**mckinnon**

User Key **(r) = User Recd, (t) = User Taken**

Initials	Name	Provider Type	Discipline

Default Flowsheet Data

REPORT-DELIVERY BABY

Row Name	Value	Row Name	Value
MEMBRANES		**DELIVERY PRESENTATION**	
Membrane Status	**Artificial Rupture of Membranes**	Presentation	**Vertex: OA** -
Date of Rupture	**9/12/08**	**DELIVERY METHOD**	
Time of Rupture	**2242** -	Delivery Method	**Vaginal** -

Fluid Type	**Thin meconium**	Shoulder Dystocia	**N/A** -
Fluid Amount	**Small** -	Forceps	**N/A** -
MEMBRANES / FLUID		**VACUUM**	
Fluid by Observation	**Light mec** -	Vacuum Type	**N/A** -
ROM > 18 hours	**No** -	**PLACENTA / CORD**	
Maternal Temp > 100.4 F	**No** -	Placenta	**Spontaneous;Complete** -
NEWBORN DATA		Cord	**Nuchal cord x 1**
Sex	**Female** -	Cord Vessels	**3** -
ID Band		**CARE PROVIDERS**	
ID'd by:		Circulator RN(s):	

Initials	**Name**	**User Key**	**(r) = User Recd, (t) = User Taken**
		Provider Type	**Discipline**
		NURS- Registered Nurse	
		NURS- Registered Nurse	

Default Flowsheet Data

REPORT-DELIVERY BABY A

Row Name	**Value**	**Row Name**	**Value**
MEMBRANES		**DELIVERY PRESENTATION A**	
Membrane Status	**Artificial Rupture of Membranes** - KL	Presentation	**Vertex: OA** -
Date of Rupture	**9/12/08** -	**DELIVERY METHOD A**	
Time of Rupture	**2242** -	Delivery Method	**Vaginal** -
Fluid Type	**Thin meconium**	Shoulder Dystocia	**N/A** -
Fluid Amount	**Small** -	Forceps	**N/A** -
MEMBRANES / FLUID BABY A		**VACUUM A**	
Fluid by Observation	**Light mec** -	Vacuum Type	**N/A** -
ROM > 18 hours	**No** -	**PLACENTA / CORD A**	
Maternal Temp > 100.4 F	**No** -	Placenta	**Spontaneous;Complete**
CHRONOLOGY / BABY A		Cord	**Nuchal cord x 1**
Date of Birth	**9/13/08** -	Cord Vessels	**3** -
Time of Birth	**0214**	**NEWBORN DATA BABY A**	
Delivery of Placenta Date	**9/13/08** -	Sex	**Female** -
Time	**0218** -	ID Band	
Delivery Room #	**6410**	ID'd by:	

Initials	**Name**	**User Key**	**(r) = User Recd, (t) = User Taken**
		Provider Type	**Discipline**
		NURS- Registered Nurse	
		NURS- Registered Nurse	

All Progress Notes

Author	Service	Author Type	Filed	Note Time
MD	(none)	Physician	09/12/2008 2328	09/12/2008 2327

Called er: decell.
Pt had deep variable. This did resolve with position cahnge.
Now looks well.
Disc with pt and husb if this is recurrent or Does not recover, may need c/s delivery.
?s answered.

Author	Service	Author Type	Filed	Note Time
RN	(none)	NURS-Registered Nurse	09/13/2008 0003	09/12/2008 2344

2010 Pt present to for labor 39.6wks. EFM place w/ consent. SVE 2025 2cm/80%/ posterior. Ctx ing every 5-8 minutes. Some aud. Variables unable to trace will. 2100 Pt to Right Side 2113 variable nadir to 120 for 60 sec. 2116 CNM up dated and reviewed EFM. Start IV O2 sat. 2133 variable nadir to 70 for 70sec. IV started fluids open. 2142 CNM update lpt continues tpo have Variables. Plan admit pt CNM in room. 2144 nadir to 80 for 70 sec. Pt to L side O2 on face mask 10 L. 2155 Pt up to BR. 2235 pt transferred to station 2240 SVE by CNM 3/100%/0 station. 2242 AROM light mec. 2245 SE placed. 2250 pt up to BR. 2254 pt back to bed.2256 variable nadir to 70's pt to turned to L side O2 on by face mask, IV open, 2257 pt to right side 2310 SVE by CNM 4/100%/0. 2315 Report given to RN relinquished care.

Author	Service	Author Type	Filed	Note Time
CNM	(none)	NURS-Midwife	09/13/2008 0132	09/13/2008 0126

S: She is doing well, feeling vaginal pressure.O: BP 115/58 | Pulse 97 | Temp 98.2 °F (36.8 °C) | Resp 17 | Ht 1.829 m (6') | Wt 116.574 kg (257 lb) | LMP OB (9/13/08)
Cx 10/100%/+1 vtx.
FHT: 140,s with modrat variability. With variables down to 100-70
Contractions: every 2 minutes/ 60 seconds duration/ intense intensity.

A: seconed stage

P:EFM.
advised laboring down for 1 hour.
evaluate @ 2.30.
CNM
9/13/2008

All Progress Notes continued

Author	Service	Author Type	Filed	Note Time
RN	(none)	NURS-Registered Nurse	09/13/2008 0356	09/13/2008 0341

2315: report received from RN. Pt care assumed. Fht's 150s with minimal variability and variables x2 nadir 60-70, 40-70 seconds. CNM at bedside and Dr. at bedside to assess pt and review strip. Pt requesting epidural, fluid bolus running. Anesthesia has been contacted and notified. POC to get epidural and allow pt to labor. Pt currently in bathroom on toilet, states that's where she is most comfortable. Assessment complete.
2330: Penicillin 5 million units IVPB infusing now.
2337: anesthesia at bedside for epidural placement. Pt sitting up at bedside.
2347: epidural complete. Pt to lying position with L tilt 10L O2 remains on. Fht's 150 with moderate variability.
0015: foley catheter placed clear yellow urine draining. SVE done pt 6/80/-1. Pt repositioned to right side. 10L O2 remains on at this time.
0035: fht's 145 with minimal variability recurrent variables nadir 70-100 lasting 20-70 seconds. Pt repositioned several times, fht's back to baseline with pt on hands and knees. Fluid bolus infusing.
0045: fht's 145 variables continue CNM notified to come assess patient and fht's.
0110: CNM at bedside. Strip reviewed. SVE done pt C/0. Trial push done fht's to 90's. POC to allow patient to labor down. Pt on right side with 10L O2 on via facemask.
0149: Prolonged decel nadir to 60's for 2minutes. Pt repositioned, O2 remains on. Pt on hands and knees fht's back to baseline of 145. CNM and Dr. called to bedside.
0205: CNM at bedside. SVE done pt C/+2. Dr. , NNP, and second RN called to delivery.
0210: pt Pushing at this time. Fht's in 70's
0214: NNP and second RN at bedside. NSVD of viable male infant with nuchal cord. Cord cut and infant to warmer for assessment. Apgars 9/9.
0218: spontaneous delivery of placenta and membranes. Repair started. Pitocin infusing rapidly at this time.
0310: report given to RN. Pt care transferred at this time.

Author	Service	Author Type	Filed	Note Time
CNM	(none)	NURS-Midwife	09/14/2008 1054	09/14/2008 1053

Postpartum Day 1: Vaginal Delivery

BP 124/83 | Pulse 82 | Temp 97.5 °F (36.4 °C) | Resp 16 | Ht 1.829 m (6') | Wt 116.574 kg (257 lb) | SpO2 100% | LMP OB (9/13/08)

The patient feels well. The patient has no emotional concerns. Pain is well controlled with current medications. The baby is well. She is breastfeeding well and has good support at home.

The patient has a blood pressure which is within the normal range. The amount and color of the lochia is appropriate for the duration of recovery. The uterine fundus is firm. Urinary output is adequate. There is no edema of the perineum. The patient is ambulating well. The patient is tolerating a normal diet.

Recent Labs

Basename	9/12/08 2235
• HGB	12.0|12.0

Impression: Normal postpartum course.

Plan: 1. WIll DC later today. Danger signs reviewed. BC disc. Undecided and will disc. At pp Visit.

Laboratory Results

Results

Hemoglobin (ID# 154416304)

Status: Completed

Component	Value	Units	Flag	Collected
HEMOGLOBIN	12.0	g/dL	(none)	09/12/2008 10:35 PM
MCV	88	fL	(none)	09/12/2008 10:35 PM

CBC with Platelets no Differential (ID# 154416305)

Status: Completed

Component	Value	Units	Flag	Collected
WHITE BLOOD COUNT	9.4	thou/cu mm	(none)	09/12/2008 10:35 PM
RED BLOOD COUNT	4.05	mil/cu mm	(none)	09/12/2008 10:35 PM
HEMOGLOBIN	12.0	g/dL	(none)	09/12/2008 10:35 PM
HEMATOCRIT	35.5	%	(none)	09/12/2008 10:35 PM
MCV	88	fL	(none)	09/12/2008 10:35 PM
MCH	29.6	pg	(none)	09/12/2008 10:35 PM
MCHC	33.8	%	(none)	09/12/2008 10:35 PM
RDW	13.4	%	(none)	09/12/2008 10:35 PM
PLATELET COUNT	163	thou/cu mm	(none)	09/12/2008 10:35 PM
MPV	11.1	fL	**H**	09/12/2008 10:35 PM

All Meds and Administrations

125 mL/hr

Admin Instructions
Nurse to discontinue order when patient discharged from Labor & Delivery.

Order Comments

All Administrations

	Result	Dose	Route	Given By	Comments
09/13/2008 0100	New Bag Rate:125 mL/hr	125 mL/hr	Intravenous	RN	
09/12/2008 2135	New Bag Rate:500 mL/hr	500 mL/hr	Intravenous	RN	

naloxone 0.08 mg injection (NARCAN) [154416268]

Ordered On	Ordered By	Order Status	Reason
09/12/2008 2226	CNM	Discontinued (Past End Date/Time)	Change in Level of Care

Starts	Ends	Frequency	Route	Dose
09/12/2008 2223	09/13/2008 0341	Q 1MIN PRN	Intravenous	0.2 mL = 0.08 mg of 0.4 mg/mL

Total Doses	Remaining Doses	Rate	Duration

Admin Instructions
* Dilute 0.4 mg (1 mL) of naloxone (NARCAN) with 9 mL normal saline, to make a dilution of 0.04 mg/mL.
* Give 0.08 mg (2 mL) slow IV push per minute up to 5 doses (0.4 mg/10 mL) until patient is responsive to physical stimulation and is able to take deep breaths.
* Continue to observe, if no response after 5 minutes and a total of 0.4 mg administered, repeat dose as previously administered (0.08 mg IV Q1MIN x 5 doses) and notify physician STAT.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

hydrOXYzine pamoate 50-100 mg = 1-2 x 50 mg capsule (VISTARIL) [154416269]

Ordered On	Ordered By	Order Status	Reason
09/12/2008 2226	CNM	Discontinued (Past End Date/Time)	Change in Level of Care

Starts	Ends	Frequency	Route	Dose
09/12/2008 2223	09/13/2008 0341	ONE TIME PRN	Oral	1-2 capsule (1-2 x 50 mg capsule)

Total Doses	Remaining Doses	Rate	Duration

Admin Instructions
Give PO or IM not both.
Nurse to discontinue order when patient discharged from Labor & Delivery.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

hydrOXYzine 50-100 mg injection (IM use only) (VISTARIL) [154416270]

Ordered On	Ordered By	Order Status	Reason
09/12/2008 2226	CNM	Discontinued (Past End Date/Time)	Change in Level of Care

Starts	Ends	Frequency	Route	Dose
09/12/2008 2224	09/13/2008 0341	ONE TIME PRN	Intramuscular	1-2 mL = 50-100 mg of 50 mg/mL

Total Doses	Remaining Doses	Rate	Duration

Admin Instructions
Give IM or PO not both.
Nurse to discontinue order when patient discharged from Labor & Delivery.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

sodium citrate-citric acid 30 mL = 30 mL x 500-334 mg/5 mL liquid (BICITRA) [154416271]

Ordered On	Ordered By	Order Status	Reason	
09/12/2008 2226	CNM	Discontinued (Past End Date/Time)	Change in Level of Care	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/12/2008 2224	09/13/2008 0341	ONE TIME PRN	Oral	30 mL
Total Doses	**Remaining Doses**	**Rate**	**Duration**	

Admin Instructions
Nurse to discontinue order when patient discharged from Labor & Delivery.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

oxytocin 20 units in lactated ringers 1000mL (PITOCIN) 1-40 milli-units/min [154416273]

Ordered On	Ordered By	Order Status	Reason	
09/12/2008 2226	CNM	Discontinued (Past End Date/Time)	Change in Level of Care	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/12/2008 2224	09/13/2008 0341	CONTINUOUS	Intravenous	0.05-2 mL/min = 1-40 milli-units/min of 20,000 milli-units/1,000 mL
Total Doses	**Remaining Doses**	**Rate**	**Duration**	
		3-120 mL/hr		

Admin Instructions
After delivery of placenta, run fluids wide open until bleeding controlled, then continue at specified rate.
**Final concentration = 0.02 units/mL (20 milliunits/mL).
HAZARDOUS DRUG - Use Special Precautions.**

Order Comments

Nurse to discontinue order when patient discharged from Labor & Delivery.

All Administrations

	Result	Dose	Route	Given By	Comments
09/13/2008 0220	New Bag Rate:120 mL/hr	40 milli-units/min	Intravenous	RN	
09/12/2008 2230	Held Rate:0 mL/hr	0 milli-units/min	Intravenous	RN	

penicillin G potassium 5,000,000 Units, lidocaine 1% 10 mg in D5W 100 mL [154419219]

Ordered On	Ordered By	Order Status	Reason	
09/12/2008 2321	CNM	Discontinued (Past End Date/Time)	Change in Level of Care	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/12/2008 2330	09/13/2008 0341	ONE TIME	Intravenous	
Total Doses	**Remaining Doses**	**Rate**	**Duration**	
1				

All Meds and Administrations

Admin Instructions
Loading dose.
Refrigerate. Infuse over 60 minutes.

Order Comments

All Administrations

	Result	Dose	Route	Given By	Comments
09/12/2008 2330	Given	5000000 Units	Intravenous	RN	

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penicillin G potassium 2,500,000 Units, lidocaine 1% 10 mg in D5W 100 mL [154419220]

Ordered On	Ordered By	Order Status	Reason
09/12/2008 2321	CNM	Discontinued (Past End Date/Time)	Change in Level of Care

Starts	Ends	Frequency	Route	Dose
09/12/2008 0330	09/13/2008 0341	Q 4H	Intravenous	

Total Doses	Remaining Doses	Rate	Duration

Admin Instructions
Begin 4 hours after loading dose and continue until delivery, then discontinue.
Refrigerate. Infuse over 60 minutes.

Order Comments
Retime to begin 4 hours after loading dose.

All Administrations

	Result	Dose	Route	Given By	Comments
09/13/2008 0330	Cancelled Entry			RN	
09/12/2008 2330	Held	0 Units	Intravenous	RN	

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lactated ringers 500-1,000 mL infusion [154420948]

Ordered On	Ordered By	Order Status	Reason
09/12/2008 2353	MD	Discontinued (Past End Date/Time)	Change in Level of Care

Starts	Ends	Frequency	Route	Dose
09/13/2008 0000	09/13/2008 0341	ONE TIME - BOLUS	Intravenous	500-1,000 mL

Total Doses	Remaining Doses	Rate	Duration
1			

Admin Instructions
Prior to placement of epidural catheter.
NOTE: If patient has severe pre-eclampsia or other condition for which a fluid bolus may be problematic (i.e. cardiopulmonary disease) contact anesthesiology for fluid bolus order.

Order Comments

All Administrations

	Result	Dose	Route	Given By	Comments
09/13/2008 0000	Cancelled Entry			RN	
09/12/2008 2315	Given	1000 mL	Intravenous	RN	

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nalbuphine 1-2 mg injection (NUBAIN) [154420950]

Ordered On	Ordered By	Order Status	Reason
09/12/2008 2353	MD	Discontinued (Past End Date/Time)	Change in Level of Care

Starts	Ends	Frequency	Route	Dose
09/12/2008 2353	09/13/2008 0341	Q 10MIN PRN	Intravenous	0.1-0.2 mL = 1-2 mg of 10 mg/mL

Total Doses	Remaining Doses	Rate	Duration

Admin Instructions

Order Comments

PRN for itching while on epidural. MAXIMUM dose is 10 mg in 4 hours.

All Administrations

(No Admins Scheduled or Recorded for this Medication)

ephedrine (pressors) 5 mg [154420951]

Ordered On	Ordered By	Order Status	Reason	
09/12/2008 2353	MD	Discontinued (Past End Date/Time)	Change in Level of Care	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/12/2008 2353	09/13/2008 0341	Q 5MIN PRN	Intravenous	0.1 mL = 5 mg of 50 mg/mL
Total Doses	**Remaining Doses**	**Rate**	**Duration**	

Admin Instructions

Slow IV push PRN for maternal hypotension or non-reassuring fetal tracing while on epidural..
Have readily available at bedside.
Notify anesthesia with first dose of ephedrine.

Order Comments

All Administrations

(No Admins Scheduled or Recorded for this Medication)

naloxone 0.08 mg injection (NARCAN) [154420952]

Ordered On	Ordered By	Order Status	Reason	
09/12/2008 2353	MD	Discontinued (Past End Date/Time)	Change in Level of Care	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/12/2008 2353	09/13/2008 0341	Q 1MIN PRN	Intravenous	0.2 mL = 0.08 mg of 0.4 mg/mL
Total Doses	**Remaining Doses**	**Rate**	**Duration**	

Admin Instructions

PRN if respiratory rate is < 6/min or patient is difficult to arouse.

Dilute 0.4 mg (1 mL) of naloxone (NARCAN) with 9 mL normal saline, to make a dilution of 0.04 mg/mL.
Give 0.08 mg (2 mL) slow IV push per minute up to 5 doses (0.4 mg/10 mL) until patient is responsive to physical stimulation and is able to take deep breaths.
Continue to observe, if no response after 5 minutes and a total of 0.4 mg administered, repeat dose as previously administered (0.08mg IV Q1MIN x 5 doses) and notify physician STAT.

Order Comments

All Administrations

(No Admins Scheduled or Recorded for this Medication)

naloxone 0.08 mg injection (NARCAN) [154431956]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/13/2008 0251	09/14/2008 2241	Q 1MIN PRN	Intravenous	0.2 mL = 0.08 mg of 0.4 mg/mL
Total Doses	**Remaining Doses**	**Rate**	**Duration**	

Admin Instructions

* Dilute 0.4 mg (1 mL) of naloxone (NARCAN) with 9 mL

Order Comments

normal saline, to make a dilution of 0.04 mg/mL.
* Give 0.08 mg (2 mL) slow IV push per minute up to 5 doses (0.4 mg/10 mL) until patient is responsive to physical stimulation and is able to take deep breaths.
* Continue to observe, if no response after 5 minutes and a total of 0.4 mg administered, repeat dose as previously administered (0.08 mg IV Q1MIN x 5 doses) and notify physician STAT.

All Administrations
(No Admins Scheduled or Recorded for this Medication)

oxycodone 5 mg = 1 tablet (ROXICODONE) [154431957]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	Ends	Frequency	Route	Dose
09/13/2008 0251	09/14/2008 2241	Q 4H PRN	Oral	1 tablet (1 x 5 mg tablet)
Total Doses	Remaining Doses	Rate	Duration	

Admin Instructions
May give one dose during the 4 hour interval between acetaminophen-based pain medication doses.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

oxycodone-acetaminophen (5-325 mg) 1-2 tablet (PERCOCET 5-325) [154431958]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	, CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	Ends	Frequency	Route	Dose
09/13/2008 0251	09/14/2008 2241	Q 4H PRN	Oral	1-2 tablet
Total Doses	Remaining Doses	Rate	Duration	

Admin Instructions
Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

acetaminophen 325-650 mg = 1-2 x 325 mg tablet (TYLENOL) [154431959]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	Ends	Frequency	Route	Dose
09/13/2008 0251	09/14/2008 2241	Q 4H PRN	Oral	1-2 tablet (1-2 x 325 mg tablet)
Total Doses	Remaining Doses	Rate	Duration	

Admin Instructions
Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

ibuprofen 200-600 mg = 1-3 x 200 mg tablet (ADVIL; MOTRIN) [154431960]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252		Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	Ends	Frequency	Route	Dose

09/13/2008 0251	09/14/2008 2241	Q 6H PRN	Oral	1-3 tablet (1-3 x 200 mg tablet)

Total Doses | Remaining Doses | Rate | Duration

Admin Instructions
Maximum dose is 2400 mg in 24 hours.
Take with food.

Order Comments

All Administrations

	Result	Dose	Route	Given By	Comments
09/14/2008 1430	Given	600 mg	Oral	RN	
09/14/2008 0720	Given	600 mg	Oral	RN	
09/14/2008 0001	Given	600 mg	Oral	RN	
09/13/2008 1800	Given	600 mg	Oral	RN	
09/13/2008 1150	Given	600 mg	Oral	RN	
09/13/2008 0515	Given	600 mg	Oral	RN	

bisacodyl 10 mg = 1 suppository (DULCOLAX) [154431961]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/13/2008 0251	09/14/2008 2241	ONE TIME PRN	Rectal	1 Suppository (1 x 10 mg Suppository)

Total Doses | Remaining Doses | Rate | Duration

Admin Instructions
Contraindicated if third or fourth degree is present.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

docusate 200 mg = 2 x 100 mg capsule (COLACE) [154431962]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/13/2008 0251	09/14/2008 2241	BEDTIME PRN	Oral	2 capsule (2 x 100 mg capsule)

Total Doses | Remaining Doses | Rate | Duration

Admin Instructions

Order Comments

All Administrations

	Result	Dose	Route	Given By	Comments
09/13/2008 1150	Given	200 mg	Oral	RN	

milk of magnesia 30 mL = 30 mL x 400 mg/5 mL suspension (MOM) [154431963]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/13/2008 0251	09/14/2008 2241	BEDTIME PRN	Oral	30 mL

Total Doses	Remaining Doses	Rate	Duration

Admin Instructions
SHAKE WELL before using. Do not give to patients with renal insufficiency (serum creatinine > 1.8 mg/dL).

Order Comments

All Administrations

	Result	Dose	Route	Given By	Comments
09/14/2008 0800	Given	30 mL	Oral	. RN	

diphenhydrAMINE 25-50 mg = 1-2 x 25 mg tablet (BENADRYL) [154431964]

Ordered On	Ordered By	Order Status	Reason
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital

Starts	Ends	Frequency	Route	Dose
09/13/2008 0251	09/14/2008 2241	Q 6H PRN	Oral	1-2 tablet (1-2 x 25 mg tablet)

Total Doses	Remaining Doses	Rate	Duration

Admin Instructions
Do not exceed 300 mg in 24 hours.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

diphenhydrAMINE 12.5-25 mg = 0.25-0.5 mL x 50 mg/mL injection (BENADRYL) [154431965]

Ordered On	Ordered By	Order Status	Reason
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital

Starts	Ends	Frequency	Route	Dose
09/13/2008 0251	09/14/2008 2241	Q 6H PRN	Intravenous	0.25-0.5 mL = 12.5-25 mg of 50 mg/mL

Total Doses	Remaining Doses	Rate	Duration

Admin Instructions
Do not exceed 300 mg in 24 hours.
Give over 2 to 5 minutes.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

aluminum-magnesium hydroxide-simethicone suspension (MAALOX PLUS; MYLANTA) 30 mL [154431966]

Ordered On	Ordered By	Order Status	Reason
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital

Starts	Ends	Frequency	Route	Dose
09/13/2008 0251	09/14/2008 2241	Q 4H PRN	Oral	30 mL

Total Doses	Remaining Doses	Rate	Duration

Admin Instructions
Shake/Mix well before using. Give separately from other medications, unless otherwise directed. Maximum of 120 mL daily.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

simethicone chewable 80 mg = 1 tablet (MYLANTA GAS RELIEF; GAS X) [154431967]

Ordered On	Ordered By	Order Status	Reason
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital

Starts	Ends	Frequency	Route	Dose

09/13/2008 0251	09/14/2008 2241	TID PRN	Oral	1 tablet (1 x 80 mg tablet)

Total Doses | Remaining Doses | Rate | Duration

Admin Instructions | Order Comments

Chew tablet.

All Administrations

(No Admins Scheduled or Recorded for this Medication)

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zolpidem 5 mg = 1 tablet (AMBIEN) [154431968]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/13/2008 0251	09/14/2008 2241	BEDTIME PRN MAY REPEAT ONCE	Oral	1 tablet (1 x 5 mg tablet)

Total Doses | Remaining Doses | Rate | Duration

Admin Instructions | Order Comments

All Administrations

(No Admins Scheduled or Recorded for this Medication)

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lanolin ointment (LANSINOH) [154431969]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/13/2008 0251	09/14/2008 2241	Q 1H PRN	Topical	

Total Doses | Remaining Doses | Rate | Duration

Admin Instructions | Order Comments

FOR EXTERNAL USE ONLY

All Administrations

(No Admins Scheduled or Recorded for this Medication)

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witch hazel-glycerin 1 Each pads (TUCKS) [154431970]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/13/2008 0251	09/14/2008 2241	Q 1H PRN	Topical	1 Each

Total Doses | Remaining Doses | Rate | Duration

Admin Instructions | Order Comments

All Administrations

	Result	Dose	Route	Given By	Comments
09/13/2008 1700	Given	1 Each	Topical	RN	

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diphtheria, tetanus, acellular pertussis 0.5 mL vaccine injection (ADACEL) [154431971]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/13/2008 0251	09/14/2008 2241	ONE TIME PRN	Intramuscular	0.5 mL

Total Doses | Remaining Doses | Rate | Duration

All Meds and Administrations

Admin Instructions
Refrigerate. Shake well. Document the appropriate information in the Immunization/Injectable Activity. Mandatory: Follow VIS link from eMAR to obtain Vaccination Information Statement to give to patient. Document that VIS was given.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)

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measles, mumps & rubella vaccine 0.5 mL injection (MMR-II) [154431972]

Ordered On	Ordered By	Order Status	Reason	
09/13/2008 0252	CNM	Discontinued (Past End Date/Time)	Discharge from hospital	
Starts	**Ends**	**Frequency**	**Route**	**Dose**
09/13/2008 0251	09/14/2008 2241	ONE TIME PRN	Subcutaneous	0.5 mL
Total Doses	**Remaining Doses**	**Rate**	**Duration**	

Admin Instructions
Refrigerate. Discarded reconstituted vaccine if not used within 8 hours. Document the necessary information in the Immunization/Injectable Activity. Mandatory: Follow VIS link from eMAR to obtain Vaccination Information Statement to give to patient. Document that VIS was given.

Order Comments

All Administrations
(No Admins Scheduled or Recorded for this Medication)