CULLMAN REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Med(s) causing Anaphylactic Reaction: _____

Another brand of drug identical in form and content may be dispensed unless checked. ❑
High Dose Protocol for Induction **In 2nd Trimester Fetal Demise 28 Weeks Or Less** **Cytotec Order Set**
1. Admit patient to Labor and Delivery
2. Bed rest
3. Vital signs every 1 hour
4. NPO except ice chips and medications
5. IV fluids (18 gauge) D5NS at KVO
6. Laboratory a. Dip urine for protein, glucose, and ketones b. CBC, Basic Metabolic Panel, Type & Screen, RPR c. Strict Intake & Output every 4 hours
7. Permit for: ❑ Vaginal Delivery ❑ Cesarean Section
8. Tylenol 650 mg Po x 1 dose, give 30 minutes before first Misoprostol dose.
9. Reglan 10 mg Po, IM, or IV x 1 dose, give 30 minutes before first Misoprostol dose.
10. Misoprostol 400 Mcg Vaginally every 4 hours ≤ 5 doses if undelivered
11. Lomotil 2 tablets Po every 4 hours PRN for diarrhea (maximum 8 tablets/24 hour period)
12. Pepcid 20 mg Po or IV push every 12 hours PRN for reflux
13. Tylenol 650 mg Po every 4 hours PRN temperature > 100.4 F (maximum 4 gm Tylenol/24 hour period)
14. Reglan 10 mg Po, IM, or IV every 3 hours PRN for nausea & vomiting
MD Signature: _____Date & Time: _____

Please use Ball Point Pen ONLY

Revised: 02/19/15 **DO NOT USE: U IU QD QOD MS MSO4 MgSO4**