

PHYSICIAN'S ORDERS



CULLMAN
REGIONAL

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

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Group B Strep (GBS) Nursery Order Set

1. Maternal GBS Status: ☐ Positive ☐ Negative

2. Risk Factors:

- ☐ GA < 37 weeks gestation
- ☐ ROM > 18 hours
- ☐ Maternal Temperature > 100.4° F
- ☐ PROM < 37 weeks gestation
- ☐ Positive GBS bacteriuria at any time during this pregnancy
- ☐ Previous delivery of infant with GBS infection

3. **Did mother receive antibiotics > 4 hours prior to delivery of infant?** ☐ Yes ☐ No

If no, place infant on GBS order set and watch for signs & symptoms of sepsis for a minimum of 48 hours following delivery.

4. Notify MD at any time there are concerns with infant.

5. Check with MD regarding orders for antibiotic prophylaxis. Infant to receive antibiotics: ☐ Yes ☐ No

MD Signature: _____ **Date & Time:** _____

DO NOT USE: U IU QD QOD MS MSO4 MgSO4

Revised and approved by PEDS Committee: 01/25/19

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