



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. ☐

Maternity Outpatient Protocol

☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

Admit to Dr. _____ Intrauterine pregnancy _____ weeks gestation

DIAGNOSIS:

- | | | |
|---|--|---|
| <input type="checkbox"/> Threatened preterm labor | <input type="checkbox"/> Elevated blood pressure | <input type="checkbox"/> Hyperemesis |
| <input type="checkbox"/> Oligohydramnios | <input type="checkbox"/> Polyhydramnios | <input type="checkbox"/> Decreased fetal movement |
| <input type="checkbox"/> Maternal trauma (MVA/Fall) | <input type="checkbox"/> Threatened labor | <input type="checkbox"/> Intrauterine growth restriction (IUGR) |
| <input type="checkbox"/> Gestational diabetes | <input type="checkbox"/> Pyelonephritis | <input type="checkbox"/> Other: _____ |

PROCEDURES:

- | | |
|---|---|
| • External fetal monitoring/Non-stress test (NST) | • Sterile vaginal exam for assessment of cervix |
| • Serial blood pressures | <input type="checkbox"/> Other: _____ |

PHARMACY:

- ☐ IV fluids _____
- ☐ Medications _____
- _____
- _____

LABS:

- | | | |
|--|---|---|
| <input type="checkbox"/> CBC with no differential | <input type="checkbox"/> CBC with auto differential | <input type="checkbox"/> CBC with manual differential |
| <input type="checkbox"/> UA Dip Only Iris (Maternity) | <input type="checkbox"/> Urine drug screen | |
| <input type="checkbox"/> 24 hour urine collection to begin at _____ Give education sheet to patient. | | |
| <input type="checkbox"/> Other: _____ | | |

• Mandatory Order ☐ M.D. discretion

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

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4