



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

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

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

OB/GYN Preterm Labor Order Set

GESTATIONAL AGE: _____ weeks _____ days

DIET: ☐ NPO ☐ Ice Chips ☐ Clear liquids

LAB: ☐ CBC with automated Diff ☐ CBC with manual Diff
☐ CMP
☐ UA Dip-Iris ☐ Urine Drug Screen

IV FLUIDS: ☐ Start IV with #18 gauge Cathlon to infuse LR @ ☐ 500 ml bolus ☐ 1000 ml bolus
☐ 150 ml/hr

MEDICATIONS:

- ☐ Brethine 0.25 mg SubQ now
- ☐ Brethine 0.25 mg SubQ now and repeat in 20 min
- ☐ Brethine 0.25 mg SubQ now and repeat q 30 min x 4 doses if needed
- ☐ Indomethacin 50 mg PR now
- ☐ Indomethacin 25 mg Po q 6 hr x 48 hr if < 32 weeks
- ☐ Procardia 10 mg Po now
- ☐ Procardia 20 mg Po now
- ☐ Betamethasone 12 mg IM now and repeat in 24 hr
- ☐ Initiate Magnesium Sulfate Order Set
- ☐ Ampicillin 2 gm IVPB now and q 4 hr if not allergic to Penicillin
- ☐ If allergic to Penicillin, give Clindamycin 900 mg IVPB q 8 hr
- ☐ Stadol 1 mg IM now
- ☐ Stadol 2 mg IM now
- ☐ Morphine 10 mg SubQ now

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

Created by OB/GYN Physicians/Director of Maternity Center/P&T: 04/28/2021

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