



**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 Routine Postpartum Order Set

**Diet:** Regular diet

**Lab:** ☐ CBC/no Diff 1<sup>st</sup> day postpartum ☐ CBC/auto Diff 1<sup>st</sup> day postpartum ☐ CBC/manual Diff 1<sup>st</sup> day postpartum  
☐ Rhogam workup if indicated

**IV Fluids:** NS with 20 units of oxytocin per 1000 ml titrated to control uterine tone and stable lochia, may DC after 4 hours if vital signs stable, lochia not heavy, and fundus firm and below umbilicus.

**Medications:** \*\*\* Give Po first, then IV. If no IV present, give IM. \*\*\*

*For mild pain (scale 1-3)*

- ☐ Ibuprofen 600 mg Po q 4 hr PRN  
☐ Norco 5 mg 1 tab Po q 4 hr PRN (Do not exceed 12 tabs a day) if not relieved by Ibuprofen

*For moderate pain (scale 4-7)*

- ☐ Norco 5 mg 2 tab Po q 4 hr PRN (Do not exceed 12 tabs a day)  
☐ Stadol 1 mg IV or IM q 4 hr PRN

*For severe pain (scale 8-10)*

- ☐ Stadol 2 mg IV or IM q 4 hr PRN

*Other Medications*

- ☐ Zofran 4 mg IV (Po if no IV) q 6 hr PRN nausea/vomiting.  
☐ Peri Colace 2 cap Po q hs for constipation prevention.  
☐ Tylenol 325 mg 2 tabs Po q 4 hr PRN temp greater than 100.4  
☐ Restoril 30 mg Po q hs PRN sleep.  
☐ MOM 30 ml Po daily PRN BM.  
☐ Dulcolax supp 10 mg PR daily PRN BM not relieved by MOM. \*Nothing per rectum for 3<sup>rd</sup> or 4<sup>th</sup> degree laceration.  
☐ Proctofoam q hs PRN hemorrhoids.  
☐ Dermoplast Spray to perineum PRN with each perineal care  
☐ Measles, Mumps, Rubella (MMR) if Rubella non-immune

**Nursing Care:**

- Up ad lib when fully recovered from anesthesia.
- If unable to void, straight cath x 1, 6 hours after delivery and measure volume.
- Vital signs with fundal checks q 15 minutes x 4, then q hour x 4, then qid.
- Peri Care: Ice pack immediately, Sitz bath tid PRN; Perilight bid PRN

Per Dr. \_\_\_\_\_ written initiate order set (Note: enter into CPOE)

Per Dr. \_\_\_\_\_ telephone/verbal initiate order set (Note: enter into Evident)

**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