BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

ORD

PHYSICIAN'S ORDERS

ALLERGIES: See Master Allergy Sheet

ORDERED Date	ORDERED Time	POSTPARTUM ORDERS	TIME ORDER NOTED
		1. Regular Diet as tolerated.	
		2. May ambulate with assistance as needed.	
		3. Vital Signs every 15 minutes x 4; every 30 minutes x 2; every hour x 2; then every shift.	
		4. IV: Lactated Ringers @ 125 ml/hour with _____ Units Oxytocin (Pitocin) x 8 hours.	
		5. May discontinue IV when taking fluids by mouth well and uterine bleeding has	
		decreased appropriately.	
		6. Massage uterus every 15 minutes x 4, every 30 minutes x 2 and as necessary to	
		maintain firm uterus.	
		7. May insert Foley catheter if unable to void in 4 hours or sooner if bladder distended.	
		8. Peri-Care Providone Iodine 10% (Betadine) (Chlorhexidine Gluconate solution 4%	
		(Hibiclens) if allergic to Iodine).	
		9. Ice pack to perineum immediately post-partum x 1 hour.	
		10. Benzocaine 20% (Dermoplast/Americaine) spray to perineum as needed for pain.	
		11. Hot sitz bath twice daily.	
		12. Propoxyphene Napsylate 100 milligrams / Acetaminophen (Darvocet N100) 1 or 2 by	
		mouth every 4 hours as needed for pain or Ibuprofen (Motrin) 600 milligrams by mouth	
		every 6 hours as needed for pain.	
		13. Lactation Suppression with Breast binder if bottle-feeding.	
		14. Cord blood study of infant.	
		15. Placenta to pathology.	
		16. Add _____ Units Oxytocin (Pitocin) to IV fluid after delivery of placenta.	
		17. 1% Hydrocortisone / 1% Pramoxine (Proctofoam HC) for hemorrhoid pain as needed.	
		18. Discharge to post-partum per standard criteria.	
		Physician Signature: _____ Date/Time: _____	

▼ Patient Label ▼

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