ORDER FOR ONE DAY		ORDER FOR CONTINIOUS		
Date / Hour	ORDER	Date / Hour	ORDER	Date off / Nurse'Sign
	Pre-Eclampsia ☐ CBC, UA, BUN, Cr, Electrolyte, LDH ☐ PT, PTT, INR, AST, ALT, UPCR ☐ G/M PRC……. unit ☐ FFP 500 ml , ☐ 1000 ml. ☐ BP every 1 hr. if BP ≥ 160/110 mmHg notify **Antihypertensive drugs: if BP ≥ 160/110 mmHg** 1st line drugs ☐ Hydralazine 5 mg IV in 2 min then 20 minute ☐ Hydralazine 10 mg IV in 2 min then 20 minute 2nd line drugs ☐ Labetalol 20 mg IV in 2 min then 10 minute ☐ Labetalol 40 mg IV in 2 min then 10 minute 3rd line drugs ☐ Nicardipine 20 ml +NSS 80 ml IV rate 5 ml/hr. titrate 5 ml/hr. (MAX 40 ml/hr.) **Anticonvulsant drugs: if Antihypertensive drugs** ☐ 50% $MgSO_4$ 4 gm diluted in 40 mL sterile water IV slowly push in 30 min ☐ 5% D/W 460 ml + 50% $MgSO_4$ 20 gm IV rate 50 ml/hr. (used infusion pump) until 48 hrs. for Expectant. until 24 hrs. after delivery ☐ $MgSO_4$ level 4 hrs. after started $MgSO_4$ (keep 4.8-8.4 mg/dl) ☐ Retained Foley catheter ☐ if urine output ≤ 30 ml/ hr., - Respiratory ≤ 12 beat /min - Knee jerk ≤ 0 Please Notify ☐ $MgSO_4$ 2 gm IV slowly push if seizure ☐ ARI 1,000 ml IV rate 70 ml/hr. (used infusion pump) รคส. พ.....		☐ Absolute bed rest ☐ Regular low salt diet ☐ Record vital sign ☐ Record intake/ out put ☐ Urine Albumin OD ☐ NST OD ☐ BW OD **Medication** ☐ Methyldopa (250 mg) (max dose 3000 mg / day) 1 tab Per oral q 6 hrs. ☐ Hydralazine (25 mg) (max dose 300 mg/day) 1 tab Per oral q 6 hr. ☐ Nifedipine SR (20 mg) (max dose 120 mg/day) 1 tab Per oral OD รคส. พ.....	

ORDER FOR ONE DAY		ORDER FOR CONTINIOUS		
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	Post-Partum NL Preeclampsia ☐ Oxytocin 10 unit IM ☐ 5% D/N/2 1000 cc + Syntocinon 20 mg IV rate 70cc/hr. (used infusion pump) Hold ARI 1,000 ml IV rate 70 ml/hr. ☐ Record V/S q 15 min X 4 then q 1 hr. if BP ≥ 160/110 mmHg notify ☐ CBC, UA, BUN, Cr, Electrolyte, LDH, PT, PTT, INR, AST, ALT, UPCR, G/M PRC……. Unit **Anticonvulsant drugs: if Antihypertensive drugs** ☐ 50% $MgSO_4$ 4 gm diluted in 40 mL sterile water IV slowly push in 30 min ☐ 5% D/W 460 ml + 50% $MgSO_4$ 20 gm IV rate 50 ml/hr. (used infusion pump) until 24 hrs. after delivery ☐ $MgSO_4$ level 4 hrs. after started $MgSO_4$ (keep 4.8-8.4 mg/dl) ☐ Retained Foley catheter ☐ if urine output ≤ 30 ml/hr., Respiratory ≤ 12 beat /min, Knee jerk ≤ 0 Please Notify ☐ $MgSO_4$ 2 gm IV slowly push if seizure **Antihypertensive drugs: if BP ≥ 160/110 mmHg** 1st line drugs ☐ Hydralazine 5 mg IV in 2 min then 20 minute ☐ Hydralazine 10 mg IV in 2 min then 20 minute 2nd line drugs ☐ Labetalol 20 mg IV in 2 min then 10 minute ☐ Labetalol 40 mg IV in 2 min then 10 minute 3rd line drugs ☐ Nicardipine 20 ml+NSS 80 ml IV rate 5 ml/hr. titrate 5 ml/hr. (MAX 40 ml/hr.) ☐ Observe sign Pulmonary Edema รคส. พ.....		☐ NPO ☐ Soft low salt diet ☐ Regular low salt diet ☐ Record vital sign ☐ Record intake/ out put **Medication** ☐ Triferdine (iodine+Fe+Folic) 1 tab Per oral OD pc !ช้ำ# 30 tabs ☐ Ferrous fumarate (200mg) 1 tab Per oral OD pc !ช้ำ# 30 tabs ☐ Calcium Carbonate (1000mg) 1 tab Per oral hs. # 30 tabs ☐ Paracetamol (500mg) 1-2 tabs Per oral prn q 4-6 hrs. # 10 tabs ☐ Amoxicillin (500 mg) 1 tab Per oral tid pc # 20 tabs **Medication Post NL day 1** ☐ Enalapril (5,10 mg) 1 tab Per oral bid pc ☐ Amlodipine (5,10 mg) 1 tab Per oral OD pc รคส. พ.....	

ORDER FOR ONE DAY		ORDER FOR CONTINIOUS		
Date / Hour	ORDER	Date / Hour	ORDER	Date off / Nurse'Sign
	Postpartum Hemorrhage ☐ CBC ☐ G/M PRC…… unit ☐ Record V/S every 15 min until stable ☐ O2 mask with bag 10 LPM ☐ Uterine massage ☐ Retain foley catheter ☐ ARI 1000 ml IV loading ……cc then IV rate…… cc/hr. ☐ Gelofusine 500 ml IV loading (max 20 cc/kg) 1st line treatment ☐ Oxytocin 10 unit IM/IV slowly push ☐ ARI 1000 ml + Oxytocin 20-40 unit IV rate 180 cc/hr. 30 min and then 120 cc / hr. 2nd line treatment ☐ Methergin 0.2 mg IM /IV slowly push ☐ Transamin 1 gm +NSS 50 cc IV drip in 20 min 3rd line treatment ☐ Misoprostol (200 mg) 4 tabs RS/SL ☐ Nalador 500 mcg + 0.9 % NSS 500 ml IV rate 100 cc/hr. (max 500 cc/hr.) รคส. พ.....		☐ Regular diet ☐ Record vital sign ☐ Record intake/ output **Medication** ☐ Triferdine (iodine+Fe+Folic) 1 tab Per oral OD pc เช้า# 30 tabs ☐ Ferrous fumarate (200mg) 1 tab Per oral OD pc เช้า# 30 tabs ☐ Calcium Carbonate (1000mg) 1 tab Per oral hs. # 30 tabs ☐ Paracetamol (500mg) 1-2 tabs Per oral prn q 4-6 hrs. # 10 tabs ☐ Amoxicillin (500 mg) 1 tab Per oral tid pc # 20 tabs รคส. พ.....	

ORDER FOR ONE DAY		ORDER FOR CONTINIOUS		
Date / Hour	ORDER	Date / Hour	ORDER	Date off / Nurse'Sign
	Preterm Labor G……P…….GA…… wks. by……. ☐ CBC , UA ☐ Notify กุมารแพทย์ ☐ Nifedipine (10 mg) oral q 15 min x 4 doses then 20,40 mg Per oral q 6-8 hrs. if BP ≤ 80/50 mmHg off ยา Dose ถัดไป(MAX dose 160 mg/24hr.) ☐ If GA ≤ 34 wks. Dexamethasone 6 mg IM q 12 hrs. x 4 dose ☐ When in active phase started Ampicillin 2 gm iv stat then 1 gm iv q 4 hrs. until delivery รคส. พ.....		☐ Bed rest ☐ Regular diet ☐ Record vital sign **Medication** ☐ Triferdine (iodine+Fe+Folic) 1 tab Per oral pc เช้า ☐ Ferrous fumarate (200mg) 1 tab Per oral OD pc เช้า ☐ Ferrous fumarate (200mg) 1 tab bid Per oral pc เช้า - เที่ยง ☐ Ferrous fumarate (200mg) 1 tab Per oral tid pc เช้า - เที่ยง-เย็น ☐ Calcium carbonate(1gm) 1 tab Per oral hs. รคส. พ.....	

Date / Hour	ORDER FOR ONE DAY	Date / Hour	ORDER FOR CONTINIOUS	Date off / Nurse'Sign
	PPROM G……P…….GA…… wks. by……. ☐ CBC, UA , Repeat CBC, ESR if PROM > 18 hrs. then วันเว้นวัน ☐ Notify กุมารแพทย์ **If Intra-amniotic infection** ☐ BT > 38.0 -38.9 C วัด 2 ครั้งห่าง กัน 30 นาที or BT ≥ 39 C ในการวัด 1 ครั้ง ☐ CBC, ESR **ร่วมกับ 1/3 ข้อ** ☐ CBC WBC > 15,000 /mm^3 ☐ Purulent cervical discharge ☐ Fetal tachycardia baseline > 160 beat/min **Medication** ☐ Ampicillin 2 gm IV stat then q 6 hrs. ☐ Gentamicin 240 mg iv q 24 hrs. until delivery If แพ้ penicillin เล็กน้อย ☐ cefazolin 2 gm IV stat then q 8 hrs. ☐ Gentamicin 240 mg iv q 24 hrs. until delivery If แพ้ penicillin รุนแรง ☐ Clindamycin 900 gm IV stat then q 8 hrs. ☐ Gentamicin 240 mg iv q 24 hrs. until delivery ☐ If GA ≤ 34 wks. Dexamethasone 6 mg IM q 12 hrs. x 4 dose ☐ Ampicillin 2 gm IV stat then 2 gm IV q 6 hrs. (2 days) then Amoxicillin (500mg) 1 tab Per oral tid pc (5 days) ☐ Erythromycin (250) 1 tab Per oral qid ac, hs. (7 days) ☐ When in active phase Start Ampicillin 2 gm IV stat then 1 gm IV q 4 hrs. until delivery รคส. พ.....		☐ Bed rest ☐ Regular diet ☐ Record vital sign **Medication** ☐ Triferdine(iodine+Fe+Folic) 1 tab Per oral pc เช้า ☐ Ferrous fumarate (200mg) 1 tab Per oral OD pc เช้า ☐ Ferrous fumarate (200mg) 1 tab bid Per oral pc เช้า - เที่ยง ☐ Ferrous fumarate (200mg) 1 tab Per oral tid pc เช้า-เที่ยง-เย็น ☐ Calcium carbonate(1gm) 1 tab Per oral hs. รคส. พ.....	

Date / Hour	ORDER FOR ONE DAY	Date / Hour	ORDER FOR CONTINIOUS	Date off / Nurse'Sign
	TERM PROM ☐ NPO ☐ Oxygen mask with bag 10 LPM ☐ Record EFM ☐ ARI 1,000ml IV rate 100 ml/hr. ☐ 5%D/N/2 1,000 ml +Oxytocin 10 unit IV drip 12 ml/hr. then adjust for good uterine contraction ☐ Pethidine 50 mg IV slowly push **If PROM > 18 hrs.** ☐ CBC, ESR ☐ Ampicillin 1 gm IV stat then 1 gm IV q 4 hrs. until delivery **If Intra-amniotic infection** ☐ BT > 38.0 -38.9 C วัด 2 ครั้งห่าง กัน 30 นาที or BT ≥ 39 C ในการวัด 1 ครั้ง ☐ CBC, ESR **ร่วมกับ 1/3 ข้อ** ☐ CBC WBC > 15,000 /mm^3 ☐ Purulent cervical discharge ☐ Fetal tachycardia baseline > 160 beat/min **Medication** ☐ Ampicillin 2 gm IV stat then q 6 hrs. ☐ Gentamicin 240 mg iv q 24 hrs.until delivery If แพ้ penicillin เล็กน้อย ☐ cefazolin 2 gm IV stat then q 8 hrs. ☐ Gentamicin 240 mg iv q 24 hrs.until delivery If แพ้ penicillin รุนแรง ☐ Clindamycin 900 gm IV stat then q 8 hrs. ☐ Gentamicin 240 mg iv q 24 hrs.until delivery รคส. พ.....		☐ N/L ☐ V/E With ……. ☐ Regular diet ☐ Record vital sign **Medication** ☐ Triferdine (iodine+Fe+Folic) 1 tab Per oral OD pc เช้า# 30 tabs ☐ Ferrous fumarate (200mg) 1 tab Per oral OD pc เช้า# 30 tabs ☐ Calcium Carbonate (1000mg) 1 tab Per oral hs. # 30 tabs ☐ Paracetamol (500mg) 1-2 tabs Per oral prn q 4-6 hrs. # 10 tabs ☐ Amoxicillin (500 mg) 1 tab Per oral tid pc # 20 tabs รคส. พ.....	

ORDER FOR ONE DAY		ORDER FOR CONTINIOUS		
Date / Hour	ORDER	Date / Hour	ORDER	Date / Nurse'Sign
	G……P….GA……wks. by ……. Clinical Risks 1…… 2…… 3…… ☐ NPO ☐ Oxygen mask with bag 10 LPM ☐ Record EFM ☐ ARI 1,000ml IV rate 100 ml/hr. ☐ 5%D/N/2 1,000 ml +Oxytocin 10 unit IV drip 12 ml/hr. then adjust for good uterine contraction ☐ Pethidine 50 mg IV slowly push รคส. พ..... **Post-Partum 2 hrs.** ☐ Oxytocin 10 unit IM ☐ 5%D/N/2 1,000 ml +Oxytocin 20 unit IV drip rate 100-120 ml/hr. ☐ Methergine 0.2 mg IM /IV slowly push รคส. พ.....		☐ N/L ☐ V/E With …… ☐ Regular diet ☐ Record vital sign **Medication** ☐ Triferdine (iodine+Fe+Folic) 1 tab Per oral OD pc เช้า# 30 tabs ☐ Ferrous fumarate(200mg) 1 tab Per oral OD pc เช้า# 30 tabs ☐ Calcium Carbonate(1000mg) 1 tab Per oral hs. # 30 tabs ☐ Paracetamol(500mg) 1-2 tabs Per oral prn q 4-6 hrs. # 10 tabs ☐ Amoxicillin (500 mg) 1 tab Per oral tid pc # 20 tabs รคส. พ.....	

ORDER FOR ONE DAY		ORDER FOR CONTINIOUS		
Date / Hour	ORDER	Date / Hour	ORDER	Date off / Nurse'Sign
	<u>Preterm Labour</u> (Bricanyl) G…...P……GA……wks. by…….. ☐ CBC, BUN, Cr, Electrolyte, UA , DTX EKG ☐ Notify กุมารแพทย์ ☐ 5% D/W 500 ml + Bricanyl 5 amp iv drip 22.5 - 45 cc/hr. increase dose 22.5 - 45 cc/hr. q 30 min if uterine contraction per sist (Max 225 cc/hr.) if uterine contraction absent 1 hr. Reduce dose 7.5 – 15 cc/hr. q 30 min Until lowest dose (22.5 cc/hr) until no contraction 12 hr. ☐ Monitor maternal for heart failure or Pulmonary edema (HR ,RR , O2 sat) if HR > 120 bpm decrease dose ☐ if GA ≤ 34 wks. Dexamethasone 6 mg IM q 12 hrs. x 4 dose ☐ When in active phase started Ampicillin 2 gm IV stat then 1 gm iv q 4 hrs. until delivery รคส. พ.....		☐ Bed rest ☐ Regular diet ☐ Record vital sign ☐ Record intake/ output if on bricanyl ☐_DTX q 6 hr. **<u>Medication</u>** ☐ Triferdine (iodine+Fe+Folic) 1 tab Per oral pc เช้า ☐ Ferrous fumarate (200mg) 1 tab Per oral OD pc เช้า ☐ Ferrous fumarate (200mg) 1 tab bid Per oral pc เช้า - เที่ยง ☐ Ferrous fumarate (200mg) 1 tab Per oral tid pc เช้า - เที่ยง-เย็น ☐ Calcium carbonate (1000mg) 1 tab Per oral hs. รคส. พ.....	

ORDER FOR ONE DAY		ORDER FOR CONTINIOUS		
Date / Hour	ORDER	Date / Hour	ORDER	Date off / Nurse'Sign
	Order For C/S G…..P…..A…...GA……wks. by…....… C/S due to…….… …….…… วันที่.....เวลา..... ☐ CBC ☐ G/M PRC…… unit ☐ NPO AMN ☐ ARI 1,000 ml. iv drip rate 100 ml./hr. ☐ 0.9 % NSS 1000 ml. iv drip rate 100 ml./hr. ☐ Retained Foley's catheter ☐ 0.3 % Sodium Citrate Mixture 30 ml. per oral ก่อนไป OR ☐ Ampicillin 1- 2 gm. to OR ☐ Cefazolin 1- 2 gm. to OR ☐ Duratocin 100 mcg to OR ☐ Transamin 1 gm to OR ☐ Cytotec 4 tab to OR ☐ Dynastat 40 mg x 1-2 dose to OR ☐ Infulgan 1 gm x 1-2 dose to OR ☐ 4% CHX 30 ml อาบน้ำเช้าวันผ่าตัด ☐ Plasil 1 amp IV ก่อนไป OR รคส. พ.....			