

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

DO NOT USE	POTENTIAL PROBLEM	USE INSTEAD
U, u (unit)	Mistaken for "O" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for "IV" (intravenous) or the number "10" (ten)	Write "International unit"
Q.D. QD, q.d. qd (daily) Q.O.D. QOD, q.o.d. qod (every other day)	Mistaken for each other. Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg) Lack of leading zero (.X mg)	Decimal point is missed	Write "X mg" Write "O.X mg"
MS, MS04, and MgSO4	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

Date	Time	PREADMISSION/INDUCTION ORDERS
		Date of Preadmission Testing: _____
		Date of Induction: _____
		Physician: _____
		INITIATE PREADMISSION TESTING PROTOCOL
		1. Informed consents:
		<input type="checkbox"/> Normal Spontaneous Vaginal Delivery/ Cesarean Section <input type="checkbox"/> Photography and videos
		<input type="checkbox"/> Bilateral tubal ligation <input type="checkbox"/> Hepatitis B consent (for baby) <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Possible blood transfusion <input type="checkbox"/> Anesthesia
		2. Prenatals, H&P, assessment on chart
		3. Labs: CBC, RPR, Type & Screen, Hepatitis B Surface Antigen, HIV
		<input type="checkbox"/> PIH Labs: PT, PTT, CMP, Uric Acid <input type="checkbox"/> UA On Admit Diagnosed Diabetes/ gestational: <input type="checkbox"/> glucose
		* Call abnormal test results to physician.
		4. Provide education: Q & A Explain plan of care for tomorrow NPO after: _____
		DAY OF INDUCTION
		Arrive to L & D at: _____ <input type="checkbox"/> Admit to inpatient status
		1. Update assessment
		2. NPO except ice chips
		3. Activity: <input type="checkbox"/> May ambulate in hall <input type="checkbox"/> Bathroom privileges only <input type="checkbox"/> Bed rest
		<input type="checkbox"/> Sterile vaginal exam per RN <input type="checkbox"/> No sterile vaginal exam
		4. Vital Signs: <input type="checkbox"/> Routine <input type="checkbox"/> Other:
		5. FHTs: <input type="checkbox"/> Routine <input type="checkbox"/> Other <input type="checkbox"/> Internal Monitors, (after rupture of membrane)
		6. Start IV with 18g Intracath _____ to infuse @ 125 ml/hr. May titrate as needed for labor.
		7. <input type="checkbox"/> Straight cath as needed <input type="checkbox"/> Insert Foley catheter after epidural <input type="checkbox"/> Do not inflate balloon
		8. MEDICATIONS:
		<input type="checkbox"/> Butorphanol (Stadol) _____mg with Promethazine (Phenergan) _____ mg IV Push every 3 hours as needed for pain
		<input type="checkbox"/> Alka-Seltzer Gold 2 tabs with small amount of water PO to neutralize gastric acid x 1 dose
		<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg PO every 4 hours as needed for temp. greater than 100.5 degrees Fahrenheit

Allergies & Sensitivities <input type="checkbox"/> NKA	Physician Signature _____	Date _____	Time _____
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PREADMISSION/INDUCTION ORDERS



