	Patient Identification
Women's Health Care	
women's nearth early	
Physician order set for initial patient management at obstetric triage area	
Check (\checkmark) all that apply	
Order at Triage Area:	
□ Vital Signs □ Fetal Heart Sound	
□ CTG monitoring if pregnancy is >28 weeks	
Patient assessed and reviewed by Physician.	
□ Patient clinical condition and management plan discussed with	the consultant
Decision of Admission	
Decision of Discharge	
□ Maintained Intravenous Cannula □CBC □PT □APTT □	Grouping and Cross match
□ Urine dipstick □Urine D/R □HVS Other	
Physician Name and Mnemonic:	Date and Time:
Nurse Name and Initial	
Admitting orders:	
Attending Physician	
	in OR
$\underline{Care \ Level:} \qquad \Box \ Labour \ Room \ \Box \ Ward \ \Box LR \ OR \ \Box Man$	
<u>CTG Monitoring:</u> \Box Stat \Box Every 4 hourly \Box CTG per shift	
<u>Activity:</u> \Box Complete bed rest (CBR) \Box CBR with bathroom priv	vileges □Activity as tolerated
<u>Diet:</u> \Box Regular \Box Soft \Box Full liquid \Box Diabetic diet \Box Cle	ear Liquid 🗆 Nothing per oral (NPO)
<u>Labs</u> : \Box CBC \Box PT \Box APTT \Box Urine D/R \Box Grouping an	d Cross match □HVS Other
Management Plan: \Box Observation \Box Augmentation of labour \Box P	Prepare for emergency cesarean section
Start Intravenous fluid	_at the rate of
Physician Name, Mnemonic and signature	Date and Time
	Data and Time
Nurse Name and Signature	Date and Time