Women's Health Care

**Physician order set for initial patient management at obstetric triage area**

Check (√) 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: ___________________________ Date and Time: ___________________________

**Admitting orders:**

Attending Physician ___________________________

**Care Level:** ☐ Labour Room ☐ Ward ☐ LR OR ☐ Main OR ☐ SCU

**CTG Monitoring:** ☐ Stat ☐ Every 4 hourly ☐ CTG per shift

**Activity:** ☐ Complete bed rest (CBR) ☐ CBR with bathroom privileges ☐ Activity as tolerated

**Diet:** ☐ Regular ☐ Soft ☐ Full liquid ☐ Diabetic diet ☐ Clear Liquid ☐ Nothing per oral (NPO)

**Labs:** ☐ CBC ☐ PT ☐ APTT ☐ Urine D/R ☐ Grouping and Cross match ☐ HVS ☐ Other

**Management Plan:** ☐ Observation ☐ Augmentation of labour ☐ Prepare for emergency cesarean section

Start Intravenous fluid ___________________________ at the rate of ___________________________

Physician Name, Mnemonic and signature ___________________________ Date and Time: ___________________________

Nurse Name and Signature ___________________________ Date and Time: ___________________________