



IWKHealth

Postpartum Orders HIGH ALERT

Patient: _____

Alert Record Reviewed No Allergies Known

Allergies-Adverse Reactions-Cautions: _____

Age _____ Patient's Weight _____ kg Date of Patient's Weight _____

Items preceded by a bullet (●) are active orders. Items preceded by a checkbox (☐) are only actioned if checked (✓)
The Comfort Promise will be offered to all patients.

- Transfer from Birth Unit when criteria met. If transfer criteria not met, contact the health care provider for orders. Policy# 40050 Nursing Assessment for the Postpartum Patient.

DIET

NPO CF FF DAT Other: _____ (Diabetic Diet: Complete Form ID IWKPOMA)

ACTIVITY

- Activity as tolerated

VITALS/MONITORING

- Refer to Policy #40050 Nursing Assessment for the Postpartum Patient

INVESTIGATIONS

- Cord Screen, Cord Gases
- Other Bloodwork (date/time): _____

FLUIDS/IVs

- saline lock IV NaCl 0.9% IV at 70 mL/hour Other: _____
- Vaginal delivery - When bleeding is stable and PO intake is tolerated:
 - Rh positive: discontinue IV Rh negative, saline lock IV until Rh prophylaxis complete, then, discontinue IV
- Cesarean section - Provided bleeding stable and PO intake is adequate:
 - At 6 hours if not already done, saline lock IV
 - At 12 hours, discontinue IV, provided Rh prophylaxis and follow up bloodwork is complete.
- Patient is Rh negative or Rh indeterminate and baby is Rh positive, order Kleihauer:

(See page 4 and Policy 20.16 for further information if patient also requires Rubella or Varicella vaccine.)

 - If Kleihauer is less than or equal to 0.2%, give Rho (D) immune globulin 120 micrograms IV/IM x 1 dose (If 120 micrograms is not available may give 300 micrograms)
 - If Kleihauer is greater than 0.2%, notify prescriber for further orders.

BLADDER/PERINEAL CARE

- Hourly bladder assessments see Policy # 40070 Bladder Assessment Care Guidelines
 - In/Out catheter if signs and symptoms of full bladder OR asymptomatic and unable to void after 6 hours
 - Foley to straight drainage if:
 - C/S remove in 6 hours
 - In/Out catheter output volume 800 to 1000 mL: remove catheter in 24 to 48 hours
 - In/Out catheter output volume greater than 1000 mL: remove catheter in 5 to 7 days
 - Other: _____
- Sitz bath TID Ice packs to perineum for 24 hours

DATE (yyyy/MON/dd)	Time (24hr/hh:mm)	Prescriber Signature	Printed Surname/Registration#
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NOTE: Page 4 Clinician Information Only



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MEDICATIONS

NOTE: All natural health products, vitamins and minerals if ordered on transfer medication reconciliation orders will be DISCONTINUED. If needed, they must be ordered on a blank order sheet. EXCEPTION: Prenatal vitamins.

Gastrointestinal care

polyethylene glycol (PEG 3350 NF granular) 17 grams dissolved in 120 to 240 mL of fluid PO daily PRN
OR

polyethylene glycol (PEG 3350 NF granular) 17 grams dissolved in 120 to 240 mL of fluid PO daily

Anusol HC® (or equivalent) ointment PR PRN

senna 17.2 mg PO at bedtime PRN

glycerin suppository PR daily PRN

calcium (elemental) 400 mg PO QID PRN for heartburn

Uterotonics

oxytocin 30 units in 500 mL NaCl 0.9%: = 60 milliunits/mL; hence 1 milliunit/minute = 1 mL/hour

Select ONE of the following:

initiate **oxytocin** as below initiate **oxytocin** PRN only (in case of trickling) as below and notify MRP

● **oxytocin** 125 milliunits/min (= 125 mU/min = 125 mL/hour) infusion x 4 hours, then discontinue, if patient stable. If still required after 4 hours notify MRP.

• In case of increased bleeding:

• Bolus dose: **oxytocin** 750 milliunits/min IV over 4 min (3000 milliunits = 3 units over 4 min), then:

• If bleeding improves continue at 125 milliunits/min (125 mL/hour)

• If bleeding worsens or does not improve adjust rate to 250 milliunits/min (250 mL/hour) and refer to Postpartum Hemorrhage orders (IWK_POHE) for further management.

Antibiotics (Prophylaxis after Obstetrical Anal Sphincter Injuries- 3rd or 4th degree tear) **(to be given in Birth Unit)**

cefOXitin 2 g IV x 1 dose

If known penicillin or cefOXitin allergy: ceFAZolin 2 gram IV X 1 dose AND metroNIDAZOLE 500 mg IV x 1 dose

VTE Prophylaxis

• See Venous Thromboembolism (VTE) Prophylaxis Order POSTPARTUM (Form ID IWKVENTH)

Immunizations

These are LIVE vaccines and may be contraindicated in patients who are immunocompromised or who are receiving agents that result in immunosuppression

Note: If giving more than one LIVE vaccine administer both at the same time at different sites

Rubella (**LIVE vaccine**), choose ONE of the following:

Patient is rubella immune (Patients who are of childbearing age who have ever had laboratory evidence of detectable rubella antibody – see page 4 for “Grey Zone” management OR documented evidence of having received the vaccine in adulthood or following a previous pregnancy)

Patient is rubella non-immune:

MMR vaccine is contraindicated or patient declines

Patient accepts MMR vaccine 0.5 mL SubQ x 1 dose

Immunity unknown, draw rubella serology (IgG)

Varicella (**LIVE vaccine**), choose ONE of the following:

Patient is varicella immune

Patient is varicella non-immune:

Varicella vaccine is contraindicated or patient declines

Patient accepts varicella vaccine 0.5 mL SubQ x 1 dose

Immunity unknown, Varicella Zoster Immunity Screen

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Prescriber Signature

Printed Surname/Registration#

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If post neuraxial morphine given, this page must be completed and signed by anesthesiologist

POST NEURAXIAL MORPHINE

Patient received **neuraxial morphine** Spinal Epidural administered at _____(date/time)

- Maintain IV access for a minimum of 12 hours
- No dalteparin until 12 hours after spinal or epidural procedure and 4 hours post epidural catheter removal
- **No additional sedatives/narcotics for 24 hours unless approved by obstetric anesthesiologist (pager 1329)**
- After 24 hours, analgesia responsibility is transferred to the patient's obstetrical care provider.

Monitoring:

- After first hour, monitor respiratory rate every 30 minutes x 2 hours, then every hour x 15 hours, notify the obstetric anesthesiologist (pager 1329) if respiratory rate less than 10 breaths/minute

Routine Analgesia

Note: In adjusting to standard administration times (Policy 20.06), the maximum daily acetaminophen dose of 4 grams/24 hours may be exceeded in select patients on Postpartum Day #0.

- acetaminophen 1000 mg PO q6h **OR** acetaminophen 1000 mg PO q6h PRN
 naproxen 500 mg PO q12h **OR** naproxen 500 mg PO q12h PRN

As Needed Opioid Analgesic

- HYDRomorphone** 1 to 2 mg PO q4h PRN and also:
- Continue analgesics above (should be scheduled)
 - Verify timing of last dose of an opioid and/or other sedating agents were taken or administered to ensure the time interval between doses is appropriate
 - Assess pain prior to administration, then reassess 60 to 90 minutes after administration

Anti-Nausea

If checked below, give 1st line option for initial treatment of symptoms. If patient remains symptomatic 30 minutes following 1st line treatment, give 2nd line option. Oral route is the preferred route of administration, where possible.

- 1st line: ondansetron 4 mg PO/IV q8h PRN
 2nd line: dimenhyDRINATE 25 to 50 mg PO q4H PRN **OR** dimenhyDRINATE 25 mg IV q4h PRN

Anti-Pruritus

If checked below, give 1st line option for initial treatment of symptoms. If patient remains symptomatic 30 minutes following 1st line treatment, give 2nd line option. Oral route is the preferred route of administration, where possible.

- 1st line: ondansetron 4 mg PO/IV q8h PRN
 2nd line: nalbuphine 2.5 mg IV/subQ q4h PRN (*Avoid use in patients on opioid agonist treatment or using chronic opioids*)

DATE (yyyy/MON/dd) Time (24hr/hh:mm) Prescriber Signature Printed Surname/Registration#

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Additional information and reminders for Prescribers and Health Centre Staff

Rh immune globulin (Rhlg)

- A risk-benefit assessment is needed for post-partum women who have received Rhlg and require MMR or varicella vaccine. (LIVE vaccines)
- The risk of lowered vaccine efficacy due to potential interference from the Rhlg needs to be weighed against the need for protection against the vaccine preventable disease.
- To optimize response to vaccine, rubella or varicella-susceptible women who receive Rhlg in the peri-partum period should generally wait 3 months before being vaccinated with MMR or varicella vaccine.
- However, if there is a risk of: exposure to rubella, measles, or varicella; recurrent pregnancy in the 3 months post-partum period; or a risk that vaccines may not be received later, either MMR or varicella vaccine or both may be given prior to discharge. In this context, serologic testing for antibodies to the vaccine antigens should be done 3 months after vaccination and non-immune women should be revaccinated.

Rubella

- For further information refer to Policy 20.16
- In the event that serology is performed when not required, interpretation of results that fall into the Rubella IgG “Grey Zone” (Rubella IgG: 8 to 15 IU/mL) area as follows:
 - If a patient is in the Rubella IgG “Grey Zone” and they have a documented history of receiving MMR vaccine; there is **no need** to repeat MMR vaccination post-partum.
 - If a patient is in the Rubella IgG “Grey Zone” and they have had documented positive serology in past pregnancy, there is **no need** to repeat MMR vaccination post-partum
 - If a patient is in the Rubella IgG “Grey Zone” and they **do not** have a history of receiving vaccine and don't have previous documented positive serology in past pregnancy; give MMR vaccination post-partum. This is because if the patient is in the grey zone, the patient **may** lack immunity and should therefore be considered for immunization.

Varicella

Individuals who have ANY of the following are considered immune to varicella:

- Documented evidence of immunization with 2 doses of varicella-containing vaccine
- Laboratory evidence of immunity
- Self-reported history of chicken pox prior to 2002, the year the one-dose vaccine program became available in Nova Scotia
- Adults should receive 2 doses of the varicella vaccine. The minimum interval between doses is 4 weeks.

Administration of LIVE vaccines

- Both Rubella and Varicella are **LIVE** vaccines.
- If giving more than one LIVE vaccine administer both at the same time at different sites.
- In general, if not administered at the same time there should be a period of at least 4 weeks before the second live vaccine is given. When two LIVE vaccines are given less than 4 weeks apart, the immune response to the second vaccine may be diminished by the immune response to the first vaccine.