**Disaster Transfer Orders- Ap/LD**

**Pt name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Dx  |  |  |
|  |
| **Allergies NKDA Other** |  |  |
|  |
| 1. Vital Signs |   |  |  |  |
|  [ ]  q4hr  |
|  [ ]  q \_\_\_\_\_\_\_*h*r |
|  |
| **Nutrition** |
| 1. NPO / Cl liqs/ Regular (circle one) |
| 2. Other  |
| **Fetal Surveillance** |
| 1. Fetal Heart Rate  |
|  Doptone q 15min |
|  Doptone q30min |
|  Other: |  |
| **Medications** |
| [ ]  1. Lidocaine 1% infiltrate subcutaneously at insertion site prn for IV starts |
| [ ]  2. Fentanyl 100 mcg IV q1hr x 3 prn pain |
| [ ]  3. Acetaminophen 650 mg PO q4hr prn discomfort |
| [ ]  4. Ondansetron (max 3 doses/day) = 4mg IV q 6hr prn nausea |
| [ ]  5. Labetalol 20 mg IV x 2 prn q 10 min SBP greater than 160 or DBP greater than 105* If no change in BP in 10min, give: Labetalol 40 mg IV x 1 then,
 |
| [ ]  6. Hydralazine 5 mg or 10 mg IV q 20 min for a max of 20mg max, prn SBP greater than 160, DBP greater than 105 if no change switch to labetalol. |
| [ ]  7. Magnesium Sulfate 4gm IV bolus x 1 over 20 min, then begin at 2 gm/hr IV maintenance |
| [ ]  8. Calcium Gluconate 1 gm(10 mls of 10% solution) slow IV Push for magnesium toxicity |
| [ ]  9. Oxytocin 20 unit/2ml added to iv or 10 units IM once after delivery  |
| [ ]  10. Methergine 0.2 mg/1ml im prn after delivery for excessive bleeding may repeat x1 in 20 min if BP less than 140/90 and patient does not gestational hypertension or preeclampsia |
| [ ]  11. Nifedipine 10 mg sublingual q20min (max 3 doses) prn contractions, then □ 10 mg PO q 4hr □ 20 mg PO q 4hr  |
| [ ]  12. Insulin  |  |
| [ ]  13. Antibiotics :  |  |
| [ ]  14. Other : |  |
| **IV Fluids** |
| [ ]  1. Lactated Ringer’s to run at  |  | mL/hr |
| [ ]  2. NS to run at  |  | mL/hr |
| [ ]  3. Other |  |
|  |  |
| **Other:** |  |
| **MD Signature:** |  |  | **Date/Time** |  |