

OB ADMIT H & P

Date & time:

CC:

HPI: The patient is a __ yo F (TPAL)
at __ wks EGA by LMP c/w __wk sono
who presents with _____?LOF, FM, VB, CTX

PNH: Registered at __wks at clinic/practice
LMP ____, EDD ____, BP ____, wgt gain ____
Pt's PNC complicated by:
Labs/Cx

POB: Year, weeks, type, wgt, complications
SAB X __+/- D&C at __wks
EAB X __ at __wks

GYN: Menses: onset X interval X duration
H/O abnl PAP, STDs, cervical/pelvic surg

PMH:

PSH:

FAMH:

SOCH: Tobacco/ETOH, drugs
Single/married/involvement of FOB
? school/work
Occupational exposures

ALLERGIES: Medication & reaction

MEDS:

PE: Vitals: T BP HR RR FHR TOCO
U/A

CV:

Lungs:

ABD: FH, EFW

Pelvic: Dil/Eff/Stat/Pres/Membr

EXT: DTR/edema

Bedside sono (if indicated)

A/P: ____wk IUP in latent labor

Routine labs

Patient desires epidural

Rubella/RhoGAM if indicated

Follow labor curve

DELIVERY NOTE

(NSVD) of FTLFC in cephalic presentation

(LOA) position over ML epis. APGARS ____, ____

Bulb suction on perineum, spontaneous
breath & cry. (Peds present)

No complications. EBL 500 cc.

Spontaneous delivery of intact placenta,
3 vessel cord.

(weight) (cord gas)

cervix/rectum intact

BRIEF OP NOTE

Pre-op Dx:
Post-op Dx:
Procedure:
Attending:
Assistants:
Anesthesia:
Findings:
Specimens:
IVF:
U/O:
EBL:
Drains:
Complications:
S/N/I ct correct X 2
Condition:
Dictation:
IV abx prophylaxis:

ADMIT ORDERS

A: Admit to floor, attending
D: Diagnosis
C: Condition
V: Vitals, how often, daily weights
A: Allergies
N: Nursing: I/O's including foley/NGT/drains
D: Diet: NPOx ice chips/clears/regular
A: Activity OOB---chair in PM/amb with assist/as tol
L: Labs
I: IVF - D₅1/2 NS w/20 meq KCL/L @ 125 cc/hr
S: Special studies or instructions:
EKG/CXR/ TEDS/SCDs
M: Medications
Notify HO if ...

POST PARTUM NOTE

S: Amb/po/void/breastfeeding
pain control/bleeding

O: Vitals (including temp)

Resp:

CV:

Abd.:

Fundus:

Lochia:

Extr:

A: PPD #___, s/p NVD (vacuum, forceps), stable

P: -labs/cultures, contraception

- Rhogam prn

- Rubella prn

POST OP NOTE

S: Amb/ po /void/ flatus/ n/v / BM

O: Vitals (including temp), U/O

CV:

Lungs:

Abd:

Incision:

Fundus:

Lochia:

Ext:

Labs: CBC, RPR, Rubella, TABS

A: POD #___ s/p LTCS 2⁰ arrest of dilatation @ 3cm

P: Advance diet, change to po pain med

D/C foley, ambulate, Rhogam if prn

Rubella vaccine prn, contraception

PRENATAL VISITS

FIRST VISIT

1. History
2. Speculum exam: PAP, GC, chlamydia, pelvimetry
3. Bedside U/S for dates, formal U/S (16-20 wks)
4. Labs: CBC/ TABS, RPR, Rubella, HBSAg, Hb electrophoresis, HIV
5. Triple screen (16-18 wks, up to 20 wks.)
6. 1 hour glucola (24-28 wks or if HX indicates)
7. Discuss contraception, breastfeeding, anesthesia, PNV
8. Obtain all pertinent records (medical/surgical/OB)

28 WEEKS

1. Labs: TABS, Rhogam prn, CBC, RPR
2. 1 hour glucola, if abnormal (>130) do 3 hr GTT
3 hour GTT: Normals: Fasting <95
1 hour < 180
2 hour < 155
3 hour < 140
3. Kick counts, labor precautions

36 WEEKS

1. Speculum exam: GC, chlamydia, GBS (vaginal/rectal swab)
2. Labor precautions
3. Anesthesia options
4. Repeat pelvimetry

40+ WEEKS

1. Appointment for antenatal testing- NST/AFI 2X/wk
2. Examine cervix & strip membranes

SUPPOSITORIES & GELS

1. CERVIDIL (DINOPROSTONE)

10 mg Q 12⁰

2. CYTOTEK (MISOPROSTOL)

25mcg q3-4⁰

3. PROSTIN SUPPOSITORY (PG)

20 mg Q 4⁰

10 mg Q 2⁰

RUNS FOR ELECTROLYTE REPLACEMENT

1. MgSO₄ 2 gm/100 cc NS

Run over 1 hour

2. KCL 10 meq/100 cc NS (20 mEq w/central line)

Run over 1 hour X 4 Runs

3. K₂PO₄ 20 mmol /250 NS IV (or Na PO₄)

Run over 4 hours

4. Calcium gluconate 1 gm/100 cc NS

Run over 2 hours

COMMONLY ORDERED MEDICATIONS

Anti gas: Mylicon 80 mg PO QID
MOM 30 cc PO BID prn

Antacid: Maalox 30 cc PO Q4-6 hr prn

Constipation: Dulcolax 10 mg po/PR prn
Fleets enema

Anti nausea: Compazine 10 mg IM/po/IV Q6H prn
25 mg PR Q12H prn
Tigan 200 mg IM/ PR Q6-8H prn
Phenergan 25-50 mg IM/PR/PO Q4-6H prn
Vistaril 25-50 mg IM Q4-6 H prn
Zofran 4-8 mg IV Q8H prn
Reglan 10 mg IV/PO QID prn

Stool Softener: Colace 100 mg PO BID
Metamucil 1 TBSP in 4 oz juice PO BID

Antipyretics & Analgesics:

Aspirin 650 mg PO Q4H
Ibuprofen 600mg PO Q6H or 800 mg Q8H
Tylenol (acetaminophen) 650-1000 mg PO Q4H
Naprosyn 500 mg PO BID or Anaprox DS BID
Toradol (Ketorolac) 60 mg IM X 1
or 30 mg IM/IV Q6H or 30 mg loading w/ 15mg IV Q6 x24 - 48⁰
20 mg PO X1, then 10 mg PO Q4-6H

Narcotics: Demerol* 50-150 mg IM or PO Q3-4H
25-50 mg IV Q3-4H
Morphine* 7-15 mg IM Q3-4H and 2-4mg IV q3-4°
* Add Vistaril 25-50 mg IM or Phenergan 25 mg IM
to potentiate effect & decrease nausea
Dilaudid 1-2 mg PO Q4-6H
Tylox 1-2 tabs PO Q3-4H
Percodan or Percocet 1-2 tabs PO Q3-4H
Codeine 60 mg PO Q4H
Oxycontin 10-60mg PO bid (can go higher if needed)
Oxy 1R (for break through pain) 1/4 of dose bid of 8 prn

Hypnotics: Benadryl 25-50 mg PO QHS
Seconal 100-200 mg PO QHS
Ativan 0.5-2 mg IV, IM, or PO Q6H
Restoril 15-30 mg PO QHS

Iron

Supplement: Ibero Folate 500 mg PO BID
Ferrous Sulfate 325 mg PO QD-TID

OB Meds: Betamethasone 12 mg IM Q24H X2,
Stress dose steroids: Hydrocortisone 100 mg IV Q8H in labor
Repeat dose x 1 postpartum
SBE Prophylaxis: Ampicillin 2 gm IV @ 8 cm
Gentamycin 80 mg IV @ cord clamp
Repeat both X 1 in 8 hours
(For PCN allergic pts, use Vancomycin 1 gm instead of ampicillin)
Group B Strep: #1: PCN 5 million units then
2.5 million units Q4H until delivery
for PCN allergies (Anaphylaxis)
#2 (known gross sensitivity)
Clindamycin 900mg IV q5°
#3 (unknown GBS sensitivity)
Vanrosycin 1 gram IV q 12°
For PCN allergies (not Anaphylaxis)
#4 Cefotetan 1-2 grams IV q 12°

STDs:**Gynecology**

Pelvic inflammatory disease and stds continued

Inpatient

Regimen A*

Cefoxitin 2g IV q6h or

Cefotetan 2 g IV q12h

Plus

Doxycycline, 100mg PO or IV q12h

*The above regimen should be continued for at least 48 hours after the patient shows significant clinical improvement. After hospital discharge doxycycline 100mg PO bid should be continued for a total of 14 days.

Regimen B

Clindamycin, 900 mg IV q8h

Plus

Gentamicin, loading dose IV or IM (2mg.kg)

Followed by 1.5 mg/kg IV or IM q8h

*The above regimen should be continued for at least 48 hours after the patient shows significant clinical improvement. After hospital discharge, doxycycline 100mg PO bid or clindamycin 450 mg PO qid should be continued for a total of 14 days.

Or

Alternative Parenteral Regimens

Ofloxacin, 400mg IV q12h plus metronidazole, 500 mg IV q8h

Or

Ampicillin/Sulbactam 3 g IV q6h plus doxycycline, 100mg IV Q12h

Or

Ciprofloxacin, 200 mg IV q12h plus doxycycline, 100 mg IV q12h plus metronidazole, 300 mg IV q8h

Criteria for hospitalization

- ◆ Suspected pelvic or tubo-ovarian abscess
- ◆ Pregnancy (rare)
- ◆ Temperature >38°C
- ◆ Uncertain diagnosis
- ◆ Nausea and vomiting precluding oral Medications
- ◆ Upper peritoneal signs
- ◆ Failure to respond to oral antibiotics In 48 hr
- ◆ Noncompliant patient

Sexuality Transmitted Diseases**Other treatment Guidelines**

Uncomplicated Gonococcal Infections

A single dose of:

Ceftriaxone 125 mg IM, or

Cefixime, 400 mg PO, or

Ciprofloxacin, 500 mg PO, or

Ofloxacin 400 mg PO

Plus

A regimen effective against coinfection

With *C. trachomatis*, such as doxycycline,

100 mg PO bid for 7 days, or azithromycin

1 g PO in a single dose.

Chlamydia

Recommended:

Doxycycline 100 mg PO bid for 7 days or

Azotomycin 1 g orally in a single dose

Alternative:

Ofloxacin, 300 mg PO bid for 7 days or

Erythromycin base, 500 mg PO qid for 7 days or

Erythromycin ethylsuccinate 800 mg PO qid for 7 days or

Sulfisoxazole, 300 mg PO qid for 10 days

Genital Herpes

Recommended regimes

Acyclovir, 400 mg PO bid for 7-10 days, or
Acyclovir 200 mg PO 5 times/day for 7-10 days, or
Famciclovir 250 mg PO tid for 7-10 days or
Valacyclovir, 1 g PO bid for 7-10 days

Recommended regimen for episodic recurrent Infection

Acyclovir 400 mg PO bid for 5 days or
Acyclovir 200 mg PO 5 times/day for 5 days or
Acyclovir 800 mg PO bid for 5 days or
Famciclovir 125 mg PO tid for 7-10 days or
Valacyclovir 500 mg PO bid for 5 days

Syphilis

Patients with primary, secondary or latent syphilis
of < 1 years duration should receive
Benzathine penicillin G, 2.4 million units
IM in a single dose
Patients with latent syphilis of > 1 years duration
Or of unknown duration should receive
Benzathine penicillin G 7.2 million units
IM give as three weekly doses of 2.4 million units

External Genital Warts

Patient applied

Podofilox 0.5% solution or gel bid for 3 days followed by
4 days of no therapy. Repeat as needed x 4. Total wart
area <10 cm², total volume podofilox <0.5 ml/day.

Imiquimod 5% cream; apply qhs three times/week for as long
As 16 weeks.

Provider-applied:

Cryotherapy
Podophyllin resin 10-25%
TCA or BCA 80-90%
Surgical removal

Chancroid

Recommended

Azithromycin 1 g PO in a single dose or
Ceftriaxone 250 mg IM in a single dose or
Erythromycin base 500 mg PO 4 times/day
For 7 days or
Ciprofloxacin 5—mg PO bid for three days

Misc:

Ureaplasma: in pregnancy: Erythromycin 500 mg PO
QID X 7 days & reculture
Non pregnant: Doxycycline 100 mg PO BID X 7 days
Methotrexate for ectopics: 50 mg/m² IM Z-track
Emergency Contraception: LoOvral or Levlen 4 tabs PO BID X 1 **OR**
Ovral 2 tabs PO BID (Within 72 hours)

OR Prophylaxis: Ancef 1-2 gm IV X 1 prior to OR
Cefotetan 2 gm IV X 1

DRIPS

1. **PITOCIN/OXYTOCIN** 10 units in 500 cc NS
3 u/150 cc NS = .02u/cc
Dosage (mu/min) IV pump (cc/hr)
1mu/min----- 3cc/hr
2. **MgSO₄**
40 grams in 1000cc NS (for preeclampsia)
water (for PTL)
20 gms/150 cc NS = 0.1 gm/cc
LOADING DOSE: 4 -6gm in 10-20 minutes
then 2 grams IV q hr
Dosage (gm/hr) IV pump (cc/hr)
1 gm/hr----- 10cc/hr
3. **TERBUTALINE**
5mg/150 cc D₅W = .03 mg/cc
Dosage (mg/min) IV pump (cc/hr)
10 mg/min----- 20 cc/hr
4. **LABETOLOL**
200 mg/150 cc D₅W = 1 mg/cc
Dosage (mg/hr) IV pump (cc/hr)
10 mg/hr----- 10 cc/hr Q 30 min
5. **HIGH DOSE PITOCIN**
100 u/1000 cc LR to run at 100 cc/hr
6. **HEPARIN**
eo unit/kg IV bolus (max 5000) then
18 units /kg/hr Follow PTT q 6 °
8. **AMNIOINFUSION**
80 cc/min (600 cc/hr) X 1 hour---600 cc bolus
Then 3 cc/min (180 cc/hr)

Labor Induction

- 1 Pitocin begin 1-2 mu IV then increase by 2 mu IV q 20-30 minutes for ctx q 2-3 min
- 2 Cytotec 25 mcg q 3-4° x 6
- 3 Cervidil 10mg q 12°

Tocolytics

1. Mg SO₄ (CS above LOAD)
2. Inclocin 50-1000 LOAD then 25mg PO q 6-12 x 48°
(clo not give after 32 weeks EGA)
3. Terbutaline 0.25mg sq q 20-30 minutes max 1 mg
4. Nifedipine 10mg po 20-30 min x 3 then 10-20 mg po 4-6°maintenance

Anti Hypertensives (BP > 180 systolic or > 105 diastolic or > 120 MAP)

- 1 Labetalol 20mg IV then 40mg IV q 10 min later and 80mg IV q10 min x 2 dose to max 220mg
- 2 Hydralazine 5 mg IV q 20 min to max 20mg