ORDER SET FOR PRETERM ADMISSION
(Page 1 of 2)

<table>
<thead>
<tr>
<th>DOCTOR’S ORDER</th>
<th>PLEASE NOTE ALL ALLERGIES ON INITIAL ORDERS</th>
<th>REQUISITIONED</th>
<th>NOTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Diagnosis:</td>
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<td>● Admit to the service of Dr:</td>
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<td>● Allergies(include reactions):</td>
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<tr>
<td>● Estimated gestational age:</td>
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1. Admit to:

2. Vital signs
   - Initiate protocol: Vitals signs per Clinical Practice Guidelines/Policy
   - Other:

3. Activity
   - Strict bed rest
   - Bathroom privileges
   - Other:

4. Fetal Monitoring
   - Continuous fetal monitoring / Tocodynamometry
   - Other:

5. Diet
   - NPO
   - Ice chips
   - Clear liquids
   - Other:

6. Nursing
   - Obtain prenatal records
   - Obtain medical records from previous admissions
   - Foley catheter to straight drainage
   - Initiate: Reflexes per Clinical Practice/Guidelines
   - Restrict Intake & Output
   - Obtain patient weight
   - Other:

7. IV
   - IV peripheral
   - Lactated Ringers 1000 mL at (rate) mL/hour
   - Total IV fluids at 125 mL/hr
   - Other:

continued

PHYSICIAN /SIGNATURE_________________________________ DATE__________
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8. **Medications**
   a)  □ Betamethasone (e.g. Celestone®) 12 mg IM now and repeat in 24 hours  
      OR  
      □ Dexamethasone (e.g. Decadron®) 6 mg IM every 12 hours x 4 doses  
   b)  □ Penicillin 5 million units IV now followed by Penicillin 2.5 million units IV every 4 hours  
      **If allergic to penicillin give** Clindamycin (e.g. Cleocin®) 900 mg IV every 8 hours  
   c)  □ Ampicillin (e.g. Marcillin®) 2 grams IV every 6 hours.  
      **If allergic to penicillin give** Clindamycin (e.g. Cleocin®) 900 mg IV every 8 hours  
      **AND**  
      □ Azithromycin 500 mg IV daily  
   d)  □ Promethazine (e.g. Phenergan®) 25 mg IV every 6 hours PRN nausea, if no response to Promethazine, give Ondansetron (e.g. Zofran®) 4 mg IV every 6 hours PRN, refractory nausea  
   e)  □ Magnesium Sulfate in water, 40 grams premix, give ___ gram loading dose IV over 20 minutes, then ___ gram/hour continuous IV infusion  
   f)  □ Acetaminophen (e.g. Tylenol®) 650 mg PO every 6 hours PRN for pain/fever  
   g)  □ Zolpidem (e.g. Ambien™) 5 mg PO every HS PRN for sleep, may repeat x 1 if no sleep within 30 minutes  
   h)  □ Other:__________________________________________________________________________  
   i)  □ Other:__________________________________________________________________________  

9. **Laboratory Tests**
   □ CBC  
   □ Type & Screen  
   □ Urinalysis  
   □ Urine culture and sensitivity, gram stain  
   □ Urine toxicology  
   □ Cultures: GC, Chlamydia cervical cultures, GBS vaginal/rectal cultures  
   □ Other:__________________________________________________________________________  
   □ Other:__________________________________________________________________________  

10. **Fetal Evaluation**
    □  

11. **Consult (e.g. Maternal Fetal Medicine, Neonatology, Pediatrics, Other)**
    □  
    □  

12. **Other**
    □  
    □  

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