



## HYPERTENSIVE DISORDERS OF PREGNANCY STANDARD ORDERS

These orders are to be used as a guideline and do not replace sound clinical judgement and professional standards.

Patient allergy and contraindications must be considered when completing the orders.

- Automatically activated (if not in agreement cross out and initial)
  Activated by checking the box

### MEDICATION ORDERS

### GENERAL ORDERS

Allergies (describe):  No  Yes \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**INTRAVENOUS**  \_\_\_\_\_  
Rate at \_\_\_\_\_ mL/hour

**MEDICATIONS**

Labetalol \_\_\_\_\_ mg (usual dose 200 mg) orally stat. Recheck BP in 30 min.

Repeat Labetalol \_\_\_\_\_ mg orally (usual dose 100-200 mg) in 1 hour if BP greater than \_\_\_\_\_ systolic or greater than \_\_\_\_\_ diastolic

Magnesium sulfate 4 g IV/IM load for seizure prophylaxis/treatment

- See magnesium sulfate (gestational hypertension) monograph
- Obstetrics on call notified

Magnesium sulfate \_\_\_\_\_ (usual dose 1-2 grams/hour) intravenous for maintenance dose

- See magnesium sulfate (gestational hypertension) monograph

<p><input type="checkbox"/> <b>Non Labouring</b></p> <p style="text-align: center;"><b>NUTRITION/ACTIVITY</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Diet as tolerated</li> <li><input checked="" type="checkbox"/> Activity as tolerated</li> </ul> <p style="text-align: center;"><b>TESTS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> INR on admission</li> <li><input checked="" type="checkbox"/> CBC, electrolytes, creatinine, AST, ALT, alk. phos, GGT, bilirubin, uric acid on admission, then daily</li> <li><input type="checkbox"/> 24 hour urine</li> <li><input checked="" type="checkbox"/> Urine protein/creatinine ratio</li> </ul> <p style="text-align: center;"><b>VITAL SIGNS/ASSESSMENTS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Vital Signs:             <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> T, P, RR, BP Q1h x 3 then Q4h and PRN (manual BP sitting)</li> </ul> </li> <li><input checked="" type="checkbox"/> Non Stress Test once per shift &amp; PRN</li> <li><input checked="" type="checkbox"/> Daily Weight</li> <li><input checked="" type="checkbox"/> Accurate intake and output</li> <li><input checked="" type="checkbox"/> Reflexes/Clonus Q4h and PRN</li> </ul> <p><input type="checkbox"/> Fetal Assessment</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Call MD if systolic greater than 160 sitting. Check Q 15 min if not controlled</li> <li><input checked="" type="checkbox"/> Call MD if diastolic greater than 110 sitting. Check Q 15 min if not controlled</li> </ul>	<p><input type="checkbox"/> <b>Labouring</b></p> <p style="text-align: center;"><b>NUTRITION/ACTIVITY</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Clear fluids</li> <li><input checked="" type="checkbox"/> Activity as tolerated</li> </ul> <p style="text-align: center;"><b>TESTS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> INR on admission</li> <li><input checked="" type="checkbox"/> CBC, electrolytes, creatinine, AST, ALT, alk. phos, GGT, bilirubin, uric acid on admission, then every 8 hours</li> <li><input type="checkbox"/> 24 hour urine</li> <li><input checked="" type="checkbox"/> Urine protein/creatinine ratio</li> </ul> <p style="text-align: center;"><b>VITAL SIGNS/ASSESSMENTS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Vital Signs:             <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> BP Q30-60 min and PRN (manual BP sitting)</li> <li><input checked="" type="checkbox"/> T, P, RR regular L&amp;D orders</li> </ul> </li> <li><input checked="" type="checkbox"/> Follow fetal monitoring guidelines</li> <li><input checked="" type="checkbox"/> Accurate intake and output</li> <li><input checked="" type="checkbox"/> Reflexes/Clonus Q4h and PRN</li> </ul> <p style="text-align: center;"><b>CONSULTS</b></p> <p><input type="checkbox"/> Fetal Assessment</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Call MD if systolic greater than 160 sitting. Check Q 15 min if not controlled</li> <li><input checked="" type="checkbox"/> Call MD if diastolic greater than 110 sitting. Check Q 15 min if not controlled</li> </ul>
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PHYSICIAN / MIDWIFE  
SIGNATURE \_\_\_\_\_

PHYSICIAN / MIDWIFE  
PRINTED NAME \_\_\_\_\_

Order Transcribed Date: \_\_\_\_\_ Time: \_\_\_\_\_ Init: \_\_\_\_\_

COPY TO PHARMACY Date: \_\_\_\_\_ Time: \_\_\_\_\_ Init: \_\_\_\_\_