



# STANDARD ORDERS

## Vaginal Birth After Cesarean Section

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

<b>MEDICATION ORDERS</b>	<b>GENERAL ORDERS</b>
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Allergies:  No  Yes \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

**INTRAVENOUS**

- Normal Saline  
 Rate at \_\_\_\_\_ mL/hour  
 OR  
 \_\_\_\_\_  
 Rate at \_\_\_\_\_ mL/hour  
 OR  
 IV Saline Lock

**MEDICATIONS**

**Analgesic Options:**

- Nitrous Oxide (self-administered) via delivery system/face mask PRN for pain
- Intradermal sterile water injections 0.1 mL at each of 4 injection points PRN for pain as per practice guidelines
- Morphine \_\_\_\_\_ mg (usual dose 10mg) subcutaneous/ IV/IM x 1 PRN for pain
- Fentanyl 50 mcg IV, then may repeat 50 mcg IV in 5 mins x1, then may repeat 50 mcg IV q 30 mins (max 200 mcg/hr) PRN for pain

**Antiemetic Options:**

- DimenHYDRINATE 25-50 mg IV/IM/PR Q4H PRN for nausea or vomiting (maximum daily dose 400 mg)
- Metoclopramide 5 - 10 mg subcutaneous/IV/IM Q6H PRN for opioid-induced nausea or vomiting

**Group B Streptococcus Prophylaxis Antibiotic Options (continue antibiotics per perinatal risk factors in the Group B Streptococcus in Mothers and Infants Guideline):**

- Penicillin G 5 million units IV x 1 dose then 2.5 million units IV Q4H  
**OR, if allergic to penicillin but NOT at risk for anaphylaxis:**
- Cefazolin 2 g IV x 1 dose, then 1 g IV Q8H  
**OR, if allergic to penicillin AND at risk for anaphylaxis:**
- Clindamycin 900 mg IV Q8H  
**OR, if allergic to penicillin AND at risk for anaphylaxis AND if resistance to Clindamycin demonstrated by culture and sensitivity:**
- Vancomycin 1 g IV Q12H

**NUTRITION**

- Clear fluids

**TESTS**

- Order type and screen if blood type and Rh are not on the chart
- Ensure in house blood is available
- CBC (unless result within the past 4 weeks is on the chart)
  - Can delay until AM if no concerns

**TREATMENTS**

- Continuous fetal monitoring as per guideline
- Vital Signs:
  - BP, P, RR and T Q4h and PRN
  - Temperature every 2 hours if greater than 37.6° or if membranes are ruptured
- Straight catheter prn
- Foley catheter prn

**CONSULTS**

- Consult Anesthesia for epidural analgesia prn
- Ensure all VBAC criteria have been met (see reverse)**
- Notify attending physician on admission

PHYSICIAN / MIDWIFE  
SIGNATURE \_\_\_\_\_

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

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

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

### VBAC CHECKLIST

**Note: If these criteria are not met, a written consult from an obstetrically trained physician must be on the chart**

- Risks and Benefits explained to patient, informed consent obtained by primary care giver yes  no
- No more than one previous c-section yes  no
- Greater than 18 months since previous c-section yes  no
- Documentation that the previous c-section was a lower segment uterine incision yes  no
- Singleton, vertex presentation yes  no
- Onset of labour less than or equal to 42 weeks yes  no
- Confirm that the doc of the day/physician on call, OBS on call, surgeon on call and anesthetist are available and have been notified by the attending physician (can delay until AM if no concerns) yes  no
- Notify OR staff of trial of labour once labour begins (during scheduled OR hours) yes  no

#### **GUIDELINES FOR USE**

1. Standard orders are identified with a solid black box (■). These are initiated on all patients.
2. To individualize the orders:
  - Check (√) the order(s) you wish to activate, where empty boxes (□) are provided.
  - If not in agreement with the standard orders (defined with a solid black box) cross out and initial the order.
3. The Standard Order form is placed in the Physician Order Form section of the chart.

#### **TRANSCRIPTION OF ORDERS**

1. Enter your signature, date and time when the orders have been transcribed.
2. Process medication orders, treatments and tests.