fraserhealth

Regional Pre-Printed Orders for

GESTATIONAL HYPERTENSION and/or GESTATIONAL PROTEINURIA - ANTEPARTUM

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DRUG & FOOD ALLERGIES

• **Mandatory** ☐ **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

NOTE: Anteparturn Admission pre-printed orders need to be completed in conjunction with this order set

Lab Work

- On admission: CBC, BUN, Creatinine, Uric Acid, Random Glucose, Albumin, Bilirubin, AST, ALT, LD, Na, K, Cl, Ca, Mg, bicarb, INR, PTT, Fibrinogen and random urine for protein:creatinine ratio
- On admission +1 day, then every Monday and Thursday, and day of delivery:
  - CBC, Creatinine, Uric Acid, Albumin, Bilirubin, AST, Na, K, Cl
  - If most recent platelet count is less than 150 X 10^9/L, collect INR, APTT, Fibrinogen with blood work
  - Random urine for protein:creatinine ratio

Maternal Assessment

- Weight on admission and every Monday
- Pulse oximetry once daily on admission, admission +1, every Monday and Thursday, day of delivery

☐ Intake and output

☐ BP Q4H while awake ☐ BP Q4H ☐ BP Q _____ (frequency)

- If systolic BP is greater than or equal to 160 mmHg or diastolic BP is greater than or equal to 110 mmHg X 2 and separated by 15 minutes notify prescriber for urgent assessment of woman (make available PPO for Antihypertensive Therapy for a Single Episode of Severe Hypertension in Pregnancy)

Fetal Surveillance

- Nonstress Test Daily
- Ultrasound for amniotic fluid volume and umbilical artery doppler on admission and every Monday and Thursday
- Ultrasound for growth on admission and every 2 weeks after admission (Mondays)

Medications Gestational Age: _____

☐ If gestational age is less than 34+0 weeks give **BETAMETHASONE** 12 mg IM now and repeat X 1 dose in 24 hours

Antihypertensive Medications and Additional Orders

- _____
- _____
- _____

Date (dd/mon/yy)	Time	Prescriber Signature	Printed Name or College ID#

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FLOW CHART FOR HYPERTENSIVE DISORDERS OF PREGNANCY