

**Physicians' Orders
Guidelines for the antepartum
assessment and surveillance of women
with either gestational hypertension
and/or gestational proteinuria**

Length of Gestation: _____ weeks

Breast Feeding: Yes No

Allergy: _____

Please use: High Risk Antepartum Program Admission order form for routine orders.
* The orders listed here are the minimum required, and may need to be repeated at intervals in response to changing symptoms or signs. As such, orders may be repeated at the discretion of the clinician. It is hoped that they will advise in the expectant management of pre-eclampsia and its variants when remote from term, and the surveillance of women at or near term where the threshold for delivery is much lower.

WEIGHT		HEIGHT	
Pharmacy Use Only	Date & Time	PROVIDE PHYSICIAN NAME, COLLEGE NUMBER, PAGER NUMBER, SIGNATURE	Noted By RN/ UC
		Cross out orders not applicable Use Antepartum Admission Physician's Orders for routine admission orders.	
		1. Laboratory Blood investigations on: <ul style="list-style-type: none"> • admission, admission +1, every Mon., & Thurs. and day of delivery: <input type="checkbox"/> CBC <input type="checkbox"/> Albumin <input type="checkbox"/> BUN, Creatinine <input type="checkbox"/> Bilirubin <input type="checkbox"/> Na⁺, K⁺, Ca²⁺, Mg²⁺, bicarb <input type="checkbox"/> AST, ALT, LDH <input type="checkbox"/> Random Glucose <input type="checkbox"/> INR, APTT <input type="checkbox"/> Uric acid <input type="checkbox"/> Fibrinogen 	
		2. Urine Dipstick for protein: <ul style="list-style-type: none"> • admission, admission +1, every Mon. & Thurs. and day of delivery Random urine for protein:creatinine ratio: <ul style="list-style-type: none"> • admission, admission +1, every Mon. & Thurs. and day of delivery • please do prior to or immediately after, if a 24h urine is requested 24 hour urine for protein and creatinine clearance <ul style="list-style-type: none"> • admission and once a week to start on Sun. for Mon. • please put height and weight on requisition 	
		3. Oxygen assessment Pulse oximetry (please do once a day on the following days) <ul style="list-style-type: none"> • admission, admission +1, every Mon. & Thurs. and day of delivery 	
		4. Fetal Surveillance NST <ul style="list-style-type: none"> • admission, admission +1, every Mon. & Thurs. and day of delivery Ultrasound for AFI, and umbilical artery Doppler and MCA Doppler (pulsatility index and S/D ratio) <ul style="list-style-type: none"> • admission and every Mon. & Thurs. Ultrasound for EFW (Hadlock Formula) <ul style="list-style-type: none"> • on admission and every 2 weeks after admission (Mondays) 	
		Physician's Signature _____ CPSID# _____ Print name _____ Pager Number _____	