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.

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<tbody>
<tr>
<td>Pharmacy Use Only</td>
<td>Date &amp; Time</td>
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<tr>
<td>PROVIDE PHYSICIAN NAME, COLLEGE NUMBER, PAGER NUMBER, SIGNATURE</td>
<td>Noted By RN/UC</td>
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<td><strong>Cross out orders not applicable</strong></td>
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<td>Use Antepartum Admission Physician's Orders for routine admission orders.</td>
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1. **Laboratory**
   **Blood investigations on:**
   - admission, admission +1, every Mon., & Thurs. and day of delivery:
     - CBC ☐, Albumin ☐
     - BUN, Creatinine ☐, Billirubin ☐
     - Na⁺, K⁺, Ca²⁺, Mg²⁺, bicarb ☐, AST, ALT, LDH ☐
     - Random Glucose ☐, INR, APTT ☐
     - Uric acid ☐, Fibrinogen ☐

2. **Urine**
   **Dipstick for protein:**
   - admission, admission +1, every Mon. & Thurs. and day of delivery

   **Random urine for protein:creatinine ratio:**
   - admission, admission +1, every Mon. & Thurs. and day of delivery
   - please do prior to or immediately after, if a 24h urine is requested

3. **24 hour urine for protein and creatinine clearance**
   - 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)
   - admission, admission +1, every Mon. & Thurs. and day of delivery

4. **Fetal Surveillance**
   **NST**
   - 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)
   - admission and every Mon. & Thurs.

   **Ultrasound for EFW (Hadlock Formula)**
   - on admission and every 2 weeks after admission (Mondays)

Physician’s Signature ___________________________ CPSID#
Print name ___________________________ Pager Number ____________

(Insert – Date, BCW print#, pharmacy code#, Appendix if applicable, page number if more than 1)