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

Length of Gestation: ________ weeks
Breast Feeding: Yes □ No □
Allergy: ________________

* 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.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PROVIDE PHYSICIAN NAME, COLLEGE NUMBER, PAGER NUMBER, SIGNATURE</th>
<th>Noted By RN/UC</th>
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<tbody>
<tr>
<td>Pharmacy Use Only</td>
<td>Date &amp; Time</td>
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- Cross out orders not applicable
- Use Postpartum Physician's Orders for routine admission orders.

1. Laboratory

- Blood investigations on:
  - postpartum day 1, and every Mon., & Thurs.:
    - □ CBC
    - □ Albumin
    - □ BUN, Creatinine  
    - □ Bilirubin
    - □ Na⁺, K⁺, Ca²⁺, Mg²⁺, bicarb  
    - □ AST, ALT, LDH
    - □ Random Glucose  
    - □ INR, APTT
    - □ Uric acid  
    - □ Fibrinogen

2. Urine

- Dipstick for protein:
  - postpartum day 1, every Mon. & Thurs.

- Random urine for protein: creatinine ratio:
  - postpartum day 1, and every Mon. & Thurs.

3. Oxygen assessment

- Pulse oximetry (please do once a day on the following days)
  - postpartum day 1, and every Mon. & Thurs.

Physician's Signature ___________________________ 
Print name ___________________________ Pager Number ____________

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