

**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.

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 Postpartum Physician's Orders for routine admission orders.	
		1. Laboratory Blood investigations on: <ul style="list-style-type: none"> • postpartum day 1, and every Mon., & Thurs.: <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"> • postpartum day 1, every Mon. & Thurs. Random urine for protein:creatinine ratio: <ul style="list-style-type: none"> • postpartum day 1, and every Mon. &Thurs. 	
		3. Oxygen assessment Pulse oximetry (please do once a day on the following days) <ul style="list-style-type: none"> • postpartum day 1, and every Mon. &Thurs. 	
		Physician's Signature _____ CPSID# _____	
		Print name _____ Pager Number _____	

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