

Standing Order Preterm Labour Pain รพ.ปากท่อ (2560)

Progress	D/T	Order One day	Order Continues
<p>G....P....A.....L....</p> <p>GA.....wk by</p> <p><u>Contraction</u></p> <p>Interval:</p> <p>Duration:</p> <p><u>PV (1st) เวลา:</u></p> <p>CV dilate:</p> <p>Effectment:</p> <p>Station:</p> <p>Position:</p> <p><u>V/S</u></p> <p>BT:</p> <p>BP:</p> <p>HR:</p> <p>FHR:</p> <p>NST</p> <p>Baseline :</p> <p>Pattern:</p>		<p><input type="checkbox"/> Admit LR</p> <p><input type="checkbox"/> Notify แพทย์เวร U/S</p> <p><input type="checkbox"/> CBC , UA , E'lyte , BUN , Cr</p> <p><input type="checkbox"/> NST</p> <p><input type="checkbox"/> 0.9%NaCl 1000 cc IV drip 100 cc/hr</p> <p><input type="checkbox"/> Dexamethasone 6 mg IM q 12 hr x 4 dose in GA \leq 34 wks</p> <p><input type="checkbox"/> Bricanyl</p> <p>Bricanyl 0.5 mg (2 amp) + 5% DW 100 mL</p> <p>IV drip start 30 μdrop/min (30 mL/ hr)</p> <p>Tritrate 5-10 μdrop/min q 10-20 min</p> <p>until no UC (Max dose 150 μdrop/min)</p> <p>If no UC > 4 hr , Bricanyl 0.25 mg SC q 4 hr until no UC > 24 hr</p> <p>(หยุด Bricanyl dose นั้น ถ้า HR \geq 120 /min)</p> <p><input type="checkbox"/> Nifedipine</p> <p>Nifedipine 5 mg 2 cap PO q 15 min until no UC (maxdose 30 mg)</p> <p>then Nifedipine 5 mg 2 cap q 6 hr x 3 day</p> <p>Hold if BP < 90/60</p> <p><input type="checkbox"/> Magnesium (แนะนำใน GA 24-32 wks)</p> <p>Loading : 10% MgSO₄ 4 gm (4 amp) IV push 20 min</p> <p>Maintenance : 50% MgSO₄ 20 gm (20 amp) + 5%D/W 500 mL IV start 50 mL/hr (2 gm/hr) ปรับครั้งละ 10 mL q 30 min until no UC</p> <p>max 100 mL/hr (4 gm/ hr)</p> <p>Observe Patellar Reflex , RR > 12/min</p> <p><input type="checkbox"/> Retain Foley catheter กรณีให้ MgSO₄ , monitor urine output \geq 25mL/hr</p>	<p><input type="checkbox"/> Regular diet</p> <p><input type="checkbox"/> NPO เมื่อ intrapartum</p> <p><input type="checkbox"/> Routine LR Care</p> <p><input type="checkbox"/> bed rest</p> <p><input type="checkbox"/> record v/s</p> <p><input type="checkbox"/> record FHS qhr</p> <p><u>MED</u></p> <p>ระยะ Intrapartum</p> <p><input type="checkbox"/> Ampicillin 2 gm IV q 6 hr</p>

NAME OF PATIENT.....AGE.....HN.....

DEPARTMENT.....WARD.....AN.....