

PRACTITIONER ORDER SET

EARLY PREGNANCY ASSESSMENT

To complete the order form, fill in required blanks and check the appropriate boxes ().
Pre-checked boxes () are initiated automatically. To delete orders, draw one line through the item and initial. Date/ Time
Initials

- MMR vaccine 0.5 mL subcut x 1 if non-viable pregnancy, non-immune, and eligible for vaccine
- Tdap vaccine 0.5 mL IM x 1 if eligible and non-viable pregnancy
- Refer to Public Health for Varicella vaccine post pregnancy, if eligible
- Influenza and COVID vaccine, if applicable

Observation

- Vital signs on admission to EPAC

Discharge Planning

- Provide written instructions for surgical intervention, booked _____ (date)
 - NPO after midnight
- Continue to Regina PPO #276 Medical Treatment of Ectopic Pregnancy (RGH)
- Repeat ultrasound on _____ (date)
- Repeat quantitative β hCG _____ (date)
- Urine pregnancy test on _____ (date)
- Follow-up by EPAC on _____ (date) by phone in person
- Contraception plan _____ Rx given
- To continue prenatal care with _____
- Where appropriate, provide perinatal loss assessment, patient information and community resources
- Discharge according to EPAC criteria to: Home Inpatient unit _____

Other

Table 1: Sensitizing events requiring RhIG/WinRho[®] administration between 8 weeks 0/7 days to 19 weeks 6/7 days gestational age in Rh negative prenatal patients

	RhIG/WinRho [®] dose between 8 0/7 weeks to 11 6/7 weeks GA	RhIG/WinRho [®] dose at 12 0/7 weeks to 19 6/7 weeks GA
Spontaneous abortion	120 mcg RhIG/WinRho [®] IV or IM If 120 mcg not available, give 300 mcg WinRho	300 mcg RhIG/WinRho [®] IV or IM
Threatened abortion		
Planned (medical or surgical) termination of pregnancy		
Antepartum hemorrhage		
Ectopic Pregnancy		
Abdominal trauma		
Invasive intrauterine procedures (e.g. amniocentesis/cordocentesis/chorionic villus sampling)		
Fetal death		

Practitioner:	<hr/> PRINTED NAME	<hr/> SIGNATURE	<hr/> DATE/TIME
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