



# Beaufort Memorial HOSPITAL

## Antepartum Admission Orders

Admit Status:  Inpatient     Outpatient     Observation

Admit Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Directions: All blanks must be filled in for this to be a valid order. Only boxes that are checked will be executed. Statements with no blanks or boxes are considered valid orders and will be executed.**

Update Allergies: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MR#: \_\_\_\_\_

LMP: \_\_\_\_\_ Admitting MD: \_\_\_\_\_

### Patient's Complaint:

\_\_\_\_\_  
\_\_\_\_\_

### Initial Admission Orders

EFM     Toco     U/S     NST     Doppler FHT's

Vital Signs     Routine     Serial BP's Q \_\_\_\_\_ min X \_\_\_\_\_ Hrs

Activity     BRP     Complete Bed Rest     Other: \_\_\_\_\_

Ultrasound     AFI     BPP     Cord Doppler     EFW     Other: \_\_\_\_\_

Other Orders: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
RN    \_\_\_\_\_ MD

Noted: \_\_\_\_\_ NR

\_\_\_\_\_  
MD Signature

\_\_\_\_\_  
Date / Time

**Unapproved Abbreviations:** U IU Trailing zero (X.0) Lack of Leading Zero (.Xmg) MS MgSO4 MSO4 QD qd Q.D. q.d. QOD qod Q.O.D. q.o.d.

Created: \_\_\_\_\_ Revised: 12/18/07; 10/13/09