

Subject: Protocol for Power Plans

REVISION DATE: May 2015 REPLACES:

WRITTEN: July 2012

SUPERSEDES DATE: November 2014

1. **Purpose.**

To allow for timely initiation and discontinuation of powerplans while also preventing duplication of orders in the labor and delivery and postpartum setting where there is quick and frequent transfer of patients.

2. **Scope.**

Registered Nurses caring for outpatients arriving to OB Triage will initiate the OB Triage power plan per **Protocol with Co-Signature**. Registered Nurses receiving postpartum patients from Labor and Delivery will review and discontinue all labor and delivery orders in the Labor and Delivery Phase per the postpartum powerplan order. Newborn admission powerplans will be initiated by the nursery nurse if the Pediatrician is not present at the delivery. These orders will also be initiated per **Protocol with Co-Signature**.

3. **Procedure.**

3.1. OB triage nurses will initiate the **OB Triage** powerplan for every patient visiting the OB triage unit. Any orders required outside of the basic power plan will be obtained from the Certified Nurse Midwife or OB/GYN provider on call, whichever is appropriate, to include admission orders.

3.1.1. RNs, when choosing Diet for a patient will, use the following guidelines:

3.1.1.1 Regular Diet:

- Early Labor
- Low Risk Pregnancy
- No vaginal Bleeding
- Category I fetal tracing

3.1.1.2 Diabetic Diet (2200 Kcal):

- All Diabetic Patients will default to a diabetic diet – 2200 Kcal

3.1.1.3 Clear Diet

- Active Labor

3.1.1.4 NPO:

- Nausea/Vomiting or Abdominal Pain
- Previous Cesarean Section
- Vaginal Bleeding
- Severe Preeclampsia
- Category II tracing

3.1.2 RNs, when choosing Activity for a patient, will use the following guidelines:

3.1.2.1 Ambulate Ad Lib

- Laboring patient – no history of previous Cesarean
- Fetal Heart Rate Tracing = Category I
- Stable patient
- Blood pressure less than 140/90

3.1.2.2 Bedrest with Bathroom Privileges

- Fetal Heart Rate Tracing = Category II
- Previous Cesarean Section
- Mild-moderately elevated blood pressure 140-159/90-109
- Preterm contractions
- Leakage of Fluid
- Maternal tachycardia

3.1.2.3 Bedrest

- Unstable patient
- Fetal Heart Rate Tracing = Category III
- Active vaginal bleeding

3.1.3. If at any time, the RN has questions regarding the category to choose for diet or activity, the most restrictive diet and activity level will be selected and the provider appropriate for cares of that patient will be consulted.

3.2. Upon delivery of the newborn in Labor and Delivery the nursery nurse will initiate the **Admission to Newborn Nursery** power plan using Protocol with Co-Signature.

3.3. Upon delivery of the newborn, the delivering provider will assess maternal status and plan the OB Postpartum power plan.

3.3.1. After determination is made to transfer patients to the postpartum setting, the RN will initiate the OB Postpartum powerplan previously planned by the provider.

3.3.2. The RN may then discontinue the **Labor and Delivery (L&D)** phase of the powerplan per the order below **written** and planned by the provider:

3.3.2.1. DISCONTINUE THE **L&D PHASE** OF THE OB LABOR AND DELIVERY GENERAL POWERPLAN UPON STABLE PATIENT TRANSFER TO MBU.

3.3.2.2. When the L&D phase is discontinued by the RN, the medications in the L&D phase will be discontinued along with all of the other orders in the power plan.

3.3.2.3. The **only** phase of the powerplan that should be discontinued is the **LABOR AND DELIVERY** phase.

3.3.2.4. The **ADMISSION/TRANSFER/DISCHARGE** phase of the powerplan will **NOT** be discontinued by the RN.

3.4 Upon completion of a cesarean section, the OB/GYN provider will plan the OB Cesarean Delivery Post Care power plan.

3.4.1. Upon stable transfer to the Mother Baby Unit (MBU) postpartum setting, the RN will initiate the OB Cesarean Delivery Post Care power plan previously planned by the provider.

3.4.2. The RN may then discontinue the **OB Cesarean Delivery** phase of the power plan per the order below **written** and planned by the provider:

3.3.2.1. DISCONTINUE OB CESAREAN DELIVERY POWERPLAN UPON STABLE PATIENT TRANSFER TO THE MBU.

3.3.2.2. When the OB Cesarean Delivery phase is discontinued by the RN, the medications in the OB Cesarean Delivery phase will be discontinued along with all of the other orders in the power plan.

3.3.2.3. The **only** phase of the power plan that should be discontinued is the **OB CESAREAN DELIVERY** phase.

3.3.2.4. The **ADMISSION/TRANSFER/DISCHARGE** phase of the power plan will **NOT** be discontinued by the RN.