



PRACTITIONER ORDER SET

Regina General Hospital (RGH - EPAC)							
☐ Saskatoo	n City Hospital (SCH - EPAC)						
EARLY PREGNANCY ASSESSMENT							
Allergies: See Regional Allergy / Intolerance Record OR: Patient Weight				t	311519-300313-300-0-32-0		
					Kg		
			☐ Actual	☐ Estimated			
	order form, fill in required blanks and check thes s (凶) are initiated automatically. To delete on		tem and initial.		Date/ Time Initials		
This Order Set	is designed to be used in the Early F	regnancy Assessment Clini	ic (EPAC) in Sas	katoon and Re	egina.		
	ow may be useful in other settings,	but may require adjustmer	nt by the orderi	ng practitione	er.		
	s and/or Tests	l de la de					
⊠ CBC ⊠ Blood Group and antibody screen*							
 ✓ Quantitative ßhCG ✓ Repeat Quantitative ßhCG in 48 hrs ✓ Prenatal/Immunity Panel (Rubella IgG, Syphilis, HBV, HCV and HIV unless consent is refused) if not 							
done during current pregnancy							
☑ Urine NAAT for chlamydia and gonorrhea							
☑ Varicella IgG if not previously reported and no history of vaccine or immunity							
☑ Arrange obstetrical ultrasound to confirm location, viability and gestation if not done in previous 48 hrs							
*Use provincial PRAMS requisition for prenatal blood group and antibody screen							
Consults							
■ Notify MRP OR □ Consult to inform of patient arrival following completion of investigations/tests or if patient condition is deteriorating							
Medications							
If patient is Rh negative with no Rh (D) antibodies and greater than 7 6/7 weeks gestational age (GA), confirmed by ultrasound (US):							
NOTE: Review indications for Rh Immune globulin (RhIG/WinRho®) administration in the first 12 weeks of gestation (Table 1)							
☐ RhIG (WinRho®) 120 mcg IV or IM (if patient between 8 0/7 to 11 6/7 weeks GA confirmed by US)							
☐ RhIG (WinRho®) 300 mcg IV or IM (if patient 12 0/7 weeks or greater GA OR if RhIG 120 mcg is not available							
□ acetaminophen 650 – 975 mg PO q4h PRN. Not to exceed 4000 mg in 24 hours.							
□ naproxen 250 – 500 mg PO q8h PRN. Not to exceed 1250 mg in 24 hours.							
□ ondansetron 4 – 8 mg PO q8h PRN							
☐ dimenhyDRINATE 50 – 100 mg PO or PR q6h PRN. Not to exceed 400 mg in 24 hours.							
☐ mifepristone 200 mg PO x 1 dose (if selected, provide outpatient prescription)							
☐ misoprostol 800 mcg (route) on (date) ☐ Self-administer							
☐ Repeat 800 mcg (route) in hours							
Vaccinations/Immunizations continued on next page							
Dractitionar							
Practitioner:	PRINTED NAME	SIGNATURE		DATE/TIME			

Approved by: Department of Obstetrics March 2022 Approved for use by: SHA Order Set Committee April 2022





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EARLY PREGNANCY ASSESSMENT								
To complete the order form, fill in required blanks and check the appropriate boxes (□). Pre-checked boxes (図) are initiated automatically. To delete orders, draw one line through the item and initial.								
 ☐ 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								
	n admission to EPAC							
Discharge Pla	nning							
☐ NPO a ☐ Continue to ☐ Repeat ultra ☐ Repeat qual ☐ Urine pregn	ten instructions for surgical intervent after midnight Regina PPO #276 Medical Treatment asound on	of Ectopic Pregnancy (RGH)(date)(date)(date)	(date	e)				
☐ 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: Sensit	izing events requiring RhIG/WinRho	® administration between 8 week	cs 0/7 da	nys to 19 weeks 6/7				
days gestation	al age in Rh negative prenatal patien	ts						
		RhIG/WinRho® dose between 8 0/7 weeks to 11 6/7 weeks GA		/inRho® dose at 12 0/7 s to 19 6/7 weeks GA				
Spontaneous abortion 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		120 mcg RhIG/WinRho® IV or IM If 120 mcg not available, give 300 mcg WinRho	300 mcg RhIG/WinRho® IV or IM					
Practitioner:	DDINTED NAME	SIGNATURE		DATE/TIME				
	PRINTED NAME	SIGNATURE		DATE/TIME				

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