

# Cesarean Section PreOp [1358]

Patient Name \_\_\_\_\_ MRN \_\_\_\_\_

## General

### Case Request

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Case request operating room | Scheduling/ADT, Scheduling/ADT |
| <input type="checkbox"/> Other                       |                                |

### Inpatient only procedure (Single Response)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Admit to L&D | Admitting Physician:<br>Attending Physician:<br>Diagnosis:<br>Bed request comments:<br>Pre-op |
| <input type="checkbox"/> Other        |   |

### Precautions

- |   |   |
|---|---|
| <input type="checkbox"/> Aspiration precautions | Pre-op  |
| <input type="checkbox"/> Fall precautions       | Increased observation level needed:<br>Pre-op |
| <input type="checkbox"/> Latex precautions      | Pre-op  |
| <input type="checkbox"/> Seizure precautions    | Increased observation level needed:<br>Pre-op |
| <input type="checkbox"/> Other                  |   |

## Nursing

### Vital signs

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Vital signs - T/P/R/BP | Routine, Per unit protocol, Pre-op |
| <input type="checkbox"/> Other                  |                                    |

### Activity

- |  |   |
|--|---|
| <input type="checkbox"/> Strict bed rest                   | Routine, Until discontinued, Starting S, Pre-op                                     |
| <input type="checkbox"/> Bed rest with bathroom privileges | Routine, Until discontinued, Starting S<br>Bathroom Privileges:<br>Pre-op           |
| <input type="checkbox"/> Ambulate with assistance          | Routine, 3 times daily<br>Specify: with assistance<br>Pre-op                        |
| <input type="checkbox"/> Activity as tolerated             | Routine, Until discontinued, Starting S<br>Specify: Activity as tolerated<br>Pre-op |
| <input type="checkbox"/> Other                             |   |

### Nursing care

- |  |  |
|--|--|
| <input type="checkbox"/> Monitor fetal heart tones | Routine, Once<br>Type: Intermittent<br>With non stress test. Obtain 30 min fetal heart tracing. If FHR non-reassuring, continue monitoring and notify physician., Pre-op |
| <input type="checkbox"/> Fetal nonstress test      | Routine, Once, Pre-op  |
| <input type="checkbox"/> Insert and maintain Foley |  |

<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: May insert in OR or after regional anesthesia effective, Pre-op
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Pre-op

Other

**Diet**

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: NPO midnight prior to surgery, Pre-op
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Other

**Consent**

<input type="checkbox"/> Complete Consent Form	Routine, Once Consent For: Delivery Procedure: Delivery Diagnosis/Condition: Physician: Pre-op
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Other

**IV Fluids**

**IV Fluids**

<input type="checkbox"/> lactated ringer's bolus and infusion	<b>"And" Linked Panel</b>
<input type="checkbox"/> lactated Ringer's bolus	1,000 mL, intravenous, for 30 Minutes, once PRN, If patient requests epidural - for epidural prehydration, Starting S, For 1 Doses, Pre-op Notify Anesthesiologist immediately if patient requests Epidural and begin pre-epidural hydration
<input type="checkbox"/> lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Pre-op

Other

**Peripheral IV Access**

<input type="checkbox"/> Initiate and maintain IV	
<input type="checkbox"/> Insert peripheral IV	Routine, Once
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

Other

**Local Anesthetic with Venipuncture**

<input type="checkbox"/> buffered lidocaine 1% injection	0.15 mL, intravenous, once, For 1 Doses, Pre-op
<input type="checkbox"/> Other	

**Local Anesthetic with Venipuncture**

<input type="checkbox"/> lidocaine PF 1% (XYLOCAINE) injection	0.15 mL, injection, once, For 1 Doses, Pre-op
<input type="checkbox"/> Other	

**Medications**

**Antibiotics: For Patients LESS than or EQUAL to 120 kg \*\*Give 60 minutes PRIOR to C-Section\*\* (Single Response)**

<input type="checkbox"/> cefazolin (ANCEF) IV - Give within 60 minutes prior to C-Section	2 g, intravenous, once, For 1 Doses, Pre-op Give within 60 minutes prior to C-Section Type of Therapy:
<input type="checkbox"/> clindamycin (CLEOCIN) IV - Recommended ONLY for patients with high risk for penicillin anaphylaxis that are culture isolate sensitive to Clindamycin.	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Give within 60 minutes prior to C-Section Type of Therapy:
<input type="checkbox"/> If Penicillin Allergic - gentamicin (GARAMYCIN) IVPB - Give within 60 minutes prior to C-Section	5 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Give within 60 minutes prior to C-Section Type of Therapy:
<input type="checkbox"/> Other	

**Antibiotics: For Patients GREATER than 120 kg \*\*Give 60 minutes PRIOR to C-Section\*\* (Single Response)**

<input type="checkbox"/> cefazolin (ANCEF) IV - Give within 60 minutes prior to C-Section	3 g, intravenous, once, For 1 Doses, Pre-op Give within 60 minutes prior to C-Section Type of Therapy:
<input type="checkbox"/> clindamycin (CLEOCIN) IV - Recommended ONLY for patients with high risk for penicillin anaphylaxis that are culture isolate sensitive to Clindamycin.	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Give within 60 minutes prior to C-Section Type of Therapy:
<input type="checkbox"/> If Penicillin Allergic - gentamicin (GARAMYCIN) IVPB - Give within 60 minutes prior to C-Section	5 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Give within 60 minutes prior to C-Section Type of Therapy:
<input type="checkbox"/> Other	

**Antibiotics**

<input type="checkbox"/> penicillin G IVPB Loading and Maintenance Dose - Prophylaxis Regimen for GBS	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> Loading Dose - penicillin G (POTASSIUM) IV	5 Million Units, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input type="checkbox"/> Maintenance Dose - penicillin G (POTASSIUM) IV	2.5 Million Units, intravenous, for 30 Minutes, every 4 hours, Starting H+4 Hours, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input type="checkbox"/> ampicillin IVPB Loading and Maintenance Dose - Alternative Regimen for GBS	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> Loading Dose - ampicillin IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input type="checkbox"/> Maintenance Dose - ampicillin IV	1 g, intravenous, for 30 Minutes, every 4 hours, Starting H+6 Hours, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input type="checkbox"/> ceFAZolin (ANCEF) IVPB Loading and Maintenance Doses - If Penicillin Allergic	<b>"Followed by" Linked Panel</b>
Recommended for patients NOT high risk for anaphylaxis	
<input type="checkbox"/> Loading Dose - cefazolin (ANCEF) IV	2 g, intravenous, once, For 1 Doses, Pre-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input type="checkbox"/> Maintenance Dose - cefazolin (ANCEF) IV	1 g, intravenous, every 8 hours, Pre-op Through delivery then discontinue. Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input type="checkbox"/> clindamycin (CLEOCIN) IVPB Loading and Maintenance Doses - High Risk for Anaphylaxis	<b>"Followed by" Linked Panel</b>

Recommended ONLY for patients with high risk for penicillin anaphylaxis that are culture isolate sensitive to Clindamycin.

<input type="checkbox"/> Loading Dose - clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Type of Therapy:
<input type="checkbox"/> Maintenance Dose - clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, every 8 hours, Pre-op Through delivery then discontinue. Type of Therapy:

Other

### Pre-Anesthesia Medications

<input type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, once PRN, Decrease gastric acidity, Starting S, For 1 Doses, Pre-op
<input type="checkbox"/> sodium citrate-citric acid (BICITRA) solution	30 mL, oral, once PRN, Decrease gastric acidity, Starting S, For 1 Doses, Pre-op
<input type="checkbox"/> metoclopramide (REGLAN) injection	10 mg, intravenous, once PRN, nausea, Decrease gastric acidity, Starting S, For 1 Doses, Pre-op
<input type="checkbox"/> Other	

## Labs

### Labs HMH, HMWB

<input type="checkbox"/> Blood gas, arterial, cord	Once, Pre-op
<input type="checkbox"/> Blood gas, venous, cord	Once, Pre-op
<input type="checkbox"/> Bedside glucose	Routine, Once For 1 Occurrences, Pre-op
<input type="checkbox"/> OB Panel	
<input type="checkbox"/> CBC with differential	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op
<input type="checkbox"/> HIV 1, 2 antibody	Once, Pre-op
<input type="checkbox"/> Hepatitis B surface antigen	Once, Pre-op
<input type="checkbox"/> RPR screen	Once, Pre-op
<input type="checkbox"/> Syphilis treponemal IgG	Once, Pre-op
<input type="checkbox"/> Type and Screen, Obstetrical Patient	Once, Pre-op
<input type="checkbox"/> Urine dipstick	Once, Pre-op
<input type="checkbox"/> Urine culture screen	Once, Urine, Pre-op
<input type="checkbox"/> No prenatal records	
<input type="checkbox"/> Rubella antibody, IgG	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/> Urine drugs of abuse screen	Once, Pre-op
<input type="checkbox"/> Hypertensive Lab Panel	
<input type="checkbox"/> CBC with differential	Once, Pre-op
<input type="checkbox"/> Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/> Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/> Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/> Fibrinogen	Once, Pre-op
<input type="checkbox"/> Magnesium	Once, Pre-op
<input type="checkbox"/> Uric acid	Once, Pre-op
<input type="checkbox"/> Creatinine, urine, random	Once, Pre-op
<input type="checkbox"/> Protein, urine, random	Once, Pre-op
<input type="checkbox"/> Other	

### Labs HMSL, HMW

<input type="checkbox"/> Blood gas, arterial, cord	Once, Pre-op
<input type="checkbox"/> Blood gas, venous, cord	Once, Pre-op
<input type="checkbox"/> Bedside glucose	Routine, Once, Pre-op
<input type="checkbox"/> OB Panel	
<input type="checkbox"/> CBC with differential	Once, Pre-op
<input type="checkbox"/> Basic metabolic panel	Once, Pre-op

<input type="checkbox"/>	Hepatitis B surface antigen	Once, Pre-op
<input type="checkbox"/>	Rapid HIV 1 & 2	Once, Pre-op
<input type="checkbox"/>	RPR screen	Once, Pre-op
<input type="checkbox"/>	Syphilis treponemal IgG	Once, Pre-op
<input type="checkbox"/>	Type and Screen, Obstetrical Patient	Once, Pre-op
<input type="checkbox"/>	Urine culture screen	Once, Urine, Pre-op
<input type="checkbox"/> No prenatal records		
<input type="checkbox"/>	Rubella antibody, IgG	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/>	Urine drugs of abuse screen	Once, Pre-op
<input type="checkbox"/> Hypertensive Lab Panel		
<input type="checkbox"/>	CBC with differential	Once, Pre-op
<input type="checkbox"/>	Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/>	Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/>	Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/>	Fibrinogen	Once, Pre-op
<input type="checkbox"/>	Magnesium	Once, Pre-op
<input type="checkbox"/>	Uric acid	Once, Pre-op
<input type="checkbox"/>	Creatinine, urine, random	Once, Pre-op
<input type="checkbox"/>	Protein, urine, random	Once, Pre-op
<input type="checkbox"/> Other		

### Labs HMSJ

<input type="checkbox"/>	Cord arterial blood gas, NCP lab	Once, Pre-op
<input type="checkbox"/>	Venous blood gas, NCP lab	Once, Pre-op
<input type="checkbox"/>	Bedside glucose	Routine, Once, Pre-op
<input type="checkbox"/> OB Panel		
<input type="checkbox"/>	CBC with differential	Once, Pre-op
<input type="checkbox"/>	Basic metabolic panel	Once, Pre-op
<input type="checkbox"/>	Hepatitis B surface antigen	Once, Pre-op
<input type="checkbox"/>	Rapid HIV 1 & 2	Once, Pre-op
<input type="checkbox"/>	RPR screen	Once, Pre-op
<input type="checkbox"/>	Type and Screen, Obstetrical Patient	Once, Pre-op
<input type="checkbox"/>	Urine culture screen	Once, Urine, Pre-op
<input type="checkbox"/> No prenatal records		
<input type="checkbox"/>	Rubella antibody, IgG	STAT For 1 Occurrences, Pre-op
<input type="checkbox"/>	Urine drugs of abuse screen	Once, Pre-op
<input type="checkbox"/> Hypertensive Lab Panel		
<input type="checkbox"/>	CBC with differential	Once, Pre-op
<input type="checkbox"/>	Comprehensive metabolic panel	Once, Pre-op
<input type="checkbox"/>	Prothrombin time with INR	Once, Pre-op
<input type="checkbox"/>	Partial thromboplastin time	Once, Pre-op
<input type="checkbox"/>	Fibrinogen	Once, Pre-op
<input type="checkbox"/>	Magnesium	Once, Pre-op
<input type="checkbox"/>	Uric acid	Once, Pre-op
<input type="checkbox"/>	Creatinine, urine, random	Once, Pre-op
<input type="checkbox"/>	Protein, urine, random	Once, Pre-op
<input type="checkbox"/> Other		

### 24 Hour Urine

<input type="checkbox"/>	Creatinine clearance, urine, 24 hour	Once, Pre-op
<input type="checkbox"/>	Protein, urine, 24 hour	Once, Pre-op
<input type="checkbox"/> Other		

## Consults

For Physician Consult orders use sidebar

**Physician Consults**

<input type="checkbox"/> Consult to Anesthesiology	Reason for Consult? Scheduled Cesarean Pre-op
<input type="checkbox"/> Consult to Neonatology	Reason for Consult? How was the consultant contacted? Pre-op
<input type="checkbox"/> Other	

**Ancillary Consults**

<input type="checkbox"/> Consult to Lactation Consultant	Reason for Consult? Pre-op
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Pre-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Pre-op
<input type="checkbox"/> Other	

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_