

# 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: Attending Physician: Diagnosis: Bed request comments: Pre-op
<input type="checkbox"/> Other	

### Precautions

<input type="checkbox"/> Aspiration precautions	Pre-op
<input type="checkbox"/> Fall precautions	Increased observation level needed: Pre-op
<input type="checkbox"/> Latex precautions	Pre-op
<input type="checkbox"/> Seizure precautions	Increased observation level needed: 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 Bathroom Privileges: Pre-op
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance Pre-op
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated Pre-op
<input type="checkbox"/> Other	

### Nursing care

<input type="checkbox"/> Monitor fetal heart tones	Routine, Once Type: Intermittent 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
<input type="checkbox"/> Other	

#### Diet

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

#### Consent

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

( ) 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:
( ) 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:
( ) 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:

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

( ) 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:
( ) 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:
( ) 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:

 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 Recommended for patients NOT high risk for anaphylaxis	<b>"Followed by" Linked Panel</b>
<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

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

### Labs HMSJ

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

### 24 Hour Urine

[ ] Creatinine clearance, urine, 24 hour	Once, Pre-op
[ ] Protein, urine, 24 hour	Once, Pre-op
[ ] 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 \_\_\_\_\_