

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (✓)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

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

Allergies with reaction type: \_\_\_\_\_

**OB Anesthesia Pre-Op**

**Version 4 2/23/2016**

**Diet**

- NPO (diet)
- NPO Modifications: [ ] Except Meds [ ] Strict [ ] With Ice Chips [ ] With Sips

**IV/ Line Insert and/or Maintain**

- Peripheral IV insert/maintain: 20 gauge or larger if not already in place

**IV Fluids**

- Lactated Ringers IV
  - 500 mL bolus intravenously prior to all neuraxial anesthesia
  - \_\_\_\_\_ milliliter/hour continuous intravenous infusion
- Sodium Chloride 0.9% IV
  - \_\_\_\_\_ milliliter/hour continuous intravenous infusion
  - Other \_\_\_\_\_

**Medications**

- Acid Suppression Agents: Alkalinizing Agents**
  - sodium citrate-citric acid 500 mg-334 mg/5 mL oral soln (BICITRA)
    - 30 milliliter orally once ON CALL
  - famotidine (PEPCID)
    - 20 milligram intravenously once

**Antiemetics - Injectable**

- ondansetron (ZOFRAN)
  - 4 mg intravenously every 6 hours as needed for nausea
- metoclopramide 5 mg/mL injection (REGLAN)
  - 10 milligram intravenously once just prior to transport to OR

**Miscellaneous**

- Other: \_\_\_\_\_

**Laboratory**

**Admission labs or labs to be obtained now:**

- CBC/AUTO DIFF
- PTT
- PT (PROTIME AND INR)
- Other \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_