

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

OB Cesarean Section Post-Op

Version 9

Approved 2/11/19

Activity

- May shower - on Postop day one. Remove dressing prior to shower
- Other _____

Nursing Orders

- Vital Signs Post Op Q15min x 4, Q30min x 2, Q1H x 4, Q4H x 6 then per unit standard
- Discontinue Foley Catheter at 0600 post op day one or 12 hours post-delivery, whichever is greater unless otherwise specified
- IF unable to void 4-6 hours after foley D/C: May Straight Cath. If unable to void 4-6 hours after straight cath then notify provider
 - WHEN pitocin infused and taking clear liquids: Discontinue electronic orders for IV fluids and convert Peripheral IV to saline lock.
- Discontinue Saline Lock IV WHEN vital signs WNL, taking clear liquids, voiding and lochia flow WNL. Discontinue electronic orders for all IV medications
- Incentive spirometry - every 1 hour while awake, patient to do herself after instruction
- Initiate pumping/breastfeeding within 6 hours of delivery
- Sequential Compression Device
- Knee High Anti-Emoblic Stocking
- Thigh High Anti-Emoblic Stocking
- Initiate OB Hypertensive Protocol if blood pressure parameters: Greater than or equal to 160 mmHg systolic or greater than 110 mmHg diastolic

Notify provider

- IF Temperature greater than 100.5 degrees Fahrenheit
- IF Pulse greater than 120 OR less than 60
- IF Respiratory Rate greater than 30 OR less than 8
- IF Blood Pressure greater than or equal to 140/90 mmHg OR less than or equal to 90/60 mmHg x 2 consecutive
- Other _____

Diet

- Advance diet as tolerated to goal diet: Regular Diet
- NPO (diet) NPO Modifications: [] Except Meds [] Strict [] With Ice Chips [] With Sips
- Other _____

IV Fluids

oxytocin (PITOCIN); 20 units in 1000 milliliters of Lactated Ringers

- 150 milliliter/hour x 1 liter, then discontinue

Lactated Ringers IV

- 150 milliliter/hour continuous intravenous infusion after pitocin is infused and continue until patient is taking clear liquids
- Other _____

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Medications

- Discontinue all antepartum antibiotics

Antiemetics

promethazine (PHENERGAN)

- 25 milligram intravenously every 6 hours as needed for nausea/vomiting
- 25 milligram intramuscularly every 6 hours as needed for nausea/vomiting

metoclopramide (REGLAN)

- 10 milligram intravenously every 6 hours as needed for nausea/vomiting

ondansetron (ZOFRAN)

- 4 milligram intravenously every 6 hours as needed for nausea/vomiting

Sedatives / Antihistamines

hydrOXYzine (VISTARIL/ ATARAX)

- 100 milligram orally once a day, at bedtime as needed for insomnia

zolpidem (AMBIEN)

- 5 milligram tablet orally once a day, at bedtime as needed for insomnia

diphenhydrAMINE (BENADRYL)

- 25 milligram intravenously every 6 hours as needed for itching or insomnia
- 25 milligram orally every 6 hours as needed for itching or insomnia

Nonsteroidal Anti-inflammatory Drugs

ketorolac (TORADOL)

- 30 milligram intravenously every 6 hours times 4 doses; Do not give ibuprofen (MOTRIN) and ketorolac(TORADOL) within 6 hours of each other

ibuprofen (MOTRIN)

- 800 milligram orally every 8 hours as needed for mild pain Do not give ibuprofen (MOTRIN) and ketorolac (TORADOL) within 6 hours of each other

Opioids

oxyCODONE-acetaminophen 5 mg-325 mg tab (PERCOCET)

- 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

acetaminophen with codeine (TYLENOL #3 W/CODEINE)

- 1-2 tablet orally every 4 hours as needed for moderate-to-severe pain

Antacids

alum-mag hydroxide-simeth 400 mg-400 mg-40 mg/5 mL oral susp (MINTOX)

- 30 milliliter orally every 4 hours as needed for heartburn

Laxatives

docusate sodium (COLACE)

- 100 milligram orally 2 times a day

magnesium hydroxide (MILK OF MAGNESIA)

- 30 milliliter orally 3 times a day as needed for constipation

Vitamins and Iron Supplements

multivitamin, prenatal

- 1 tablet orally once a day

ferrous sulfate (FERATABS)

- 325 milligram orally once a day

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Miscellaneous

- lanolin topical cream (LANSINOH)
 - applied topically as needed for sore nipples ; at bedside with instructions
- hydrocortisone 25 mg rectal suppository (ANUSOL-HC)
 - 2 times a day as needed for hemorrhoids
- benzocaine/menthol spray (DERMOPLAST)
 - as needed for discomfort ; at bedside with instructions
- witch hazel-glycerin (hamamel) topical pads (TUCKS)
 - as needed for discomfort ; at bedside with instructions

Immunoglobulins

- RHOGAM ULTRA-FILTERED
 - 300 microgram intramuscularly once as needed for patients who are Rh-negative and give birth to an Rh-positive neonate. Administer within 72 hours of birth

Immunizations

- M-M-R II (PF)
 - 0.5 milliliter subcutaneously once. If Rubella status non-immune, administer vaccine if patient desires and consents
- diph,pertuss(accel),tet vac(PF) (Tdap)
 - 0.5 milliliter intramuscularly once
- varicella virus vacc live (PF)
 - 0.5 milliliter subcutaneously once

Other Medications

- Other: _____

Laboratory

Labs to be obtained now:

- Blood Gas Study Infant - cord blood (specimen already obtained) results to mother and baby chart

Morning Draw

- CBC/AUTO DIFF
- RHIG SCREEN/MOM
- (IF mom is Rh negative)

Consults

- Consult/Transition Plan Care Coordinator (Select Public Health Nurse Referral)
- Consult/Transition Plan Care Coordinator
- Consult Perinatal Counselor

Provider Signature: _____ Date: _____ Time: _____