

(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: _____

Cesarean Section Pre-Op Admission

Version 5 9/24/19

General

- Order for Surgery
Specific Surgery: Cesarean Section
Date of Surgery: _____
Obtain the Written Authorization for Ordered Surgery
- Order for Surgery
Specific Surgery: Bilateral Tubal Ligation
Date of Surgery: _____
Obtain the Written Authorization for Ordered Surgery

Patient Placement

Patient Status

- Admit to inpatient (InPt Only Procedure)
- Attending Provider: _____

Preferred Location/Unit

- Obstetrics

Activity

Unless otherwise ordered by a provider, patient activity standard of care is as follows: Pre-op or prior to delivery- Up ad lib; Neuraxial analgesia in place-Bed rest; Post op or post partum- assist to bathroom first time up, up ad lib and encourage ambulation when stable

- Activity per unit standard

Nursing Orders

- Notify provider when patient arrives
 - Vital signs per unit standard
 - Intake and output per unit standard
 - Intake and output STRICT
 - Perform electronic fetal monitoring per unit standard
 - Foley Catheter
 - Prep abdomen pre-op with electric clippers
 - Apply Sequential compression device (SCD)
 - Apply knee high anti-embolic stockings
 - Apply thigh high anti-embolic stockings
 - Initiate Carrier Fluid Protocol IF NO Maintenance IV currently running
- 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

Respiratory

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%

Initials _____

(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

Diet

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

IV/Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids

Lactated Ringers IV

- 1,000 milliliter bolus intravenous infusion

Lactated Ringers IV

- 125 milliliter/hour continuous intravenous infusion

- Other _____

Medications

sodium citrate-citric acid 500 mg-334 mg/5 mL oral soln (BICITRA)

- 30 milliliter orally once 30 minutes prior to surgery

Antibacterial Prophylactic Agents

No Cephalosporin Allergy and No Anaphylaxis to Penicillin:

ceFAZolin (ANCEF)

- 2 gram intravenously once 0-60 minutes prior to surgical incision
- 3 gram intravenously once 0-60 minutes prior to surgical incision (Select for patients greater than 120 kilogram)

- Select ceFOXitin (MEFOXIN) only if ceFAZolin (ANCEF) is not available.

ceFOXitin (MEFOXIN)

- 2 gram intravenously once 0-60 minutes prior to surgical incision and repeat dose every 2 hours if surgical case is greater than 2 hours

Cephalosporin Allergy OR Anaphylaxis to Penicillin: Select All

clindamycin (CLEOCIN)

- 900 milligram intravenously once 0-60 minutes prior to surgical incision

gentamicin

- 5 milligram/kilogram intravenously once 0-60 minutes prior to surgical incision (use ideal body weight) Pharmacy to determine dose; no repeat dose needed

For MRSA positive screen or history of MRSA ADD vancomycin to the appropriate antibiotic selections above:

- Select for all positive pre-op MRSA screen results prior to mupirocin (BACTROBAN) treatment regardless of post mupirocin (BACTROBAN) MRSA screen results
vancomycin (VANCOCIN)

- 15 milligram/kilogram intravenously once (2 gram MAX) 0-120 minutes prior to surgical incision, no repeat dose needed

IF MRSA screen is positive: SELECT

mupirocin (BACTROBAN) 2% nasal ointment

Initials _____

(place patient label here)

Patient Name: _____



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

PROVIDER ORDERS

- 0.5 gram in each nostril 2 times a day for 5 day = 10 total doses Begin day of surgery and/or give dose just prior to surgery

Laboratory

Admission labs or labs to be obtained now:

- CBC/AUTO DIFF
- TYPE AND SCREEN
- COMPREHENSIVE METABOLIC PANEL
- BASIC METABOLIC PANEL
- ABO/RH TYPE
- HEPATITIS B SURFACE ANTIGEN
- HEPATITIS C SURFACE ANTIBODY
- SYPHILIS ANTIBODIES

If no prenatal care, care by lay-midwives, or care outside of Great Falls SELECT:

- OB SCREEN
- HEPATITIS C ANTIBODY
- HIV 1 & 2 ANTIBODY/ANTIGEN EVALUATION
- URINE DRUG SCREEN W/CONFIRMATION

Consults

- Consult Perinatal Counselor

Initials _____

(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

OB VTE Prophylaxis

OB VTE Risk Factors (recommend pharmacological prophylaxis with 2 or more):

- Any Thrombophilia not already on prophylaxis
- Age >40
- BMI >30
- Pregnancy complications (Multiples, HTN, IUGR)
- Strict bed rest
- Peripartum Hemorrhage
- Hysterectomy
- General anesthesia
- Severe postpartum infection

Antepartum Hospitalized

Patients: ● Add prophylactic

anticoagulation if:

BMI >40 OR Personal hx VTE not already on prophylaxis OR 2 or more risk factors
Consider if anticipated inpatient stay >72 hours

Postpartum Hospitalized Patients:

Postpartum Dosing Schedule:

- Prophylactic: 6 hours after vaginal delivery; 12 hours after cesarean

Must be 2 hours or more after epidural

removal

- Therapeutic: 12 hours after vaginal or

cesarean

Must be 12 hours or more after epidural removal

Cesarean:

- Add prophylactic

anticoagulation if:

BMI >40 OR Personal Hx VTE not already on prophylaxis OR Family Hx VTE plus any thrombophilia OR 2 or more risk factors

Vaginal:

- Add prophylactic anticoagulation if:

Personal Hx VTE not already on prophylaxis OR Family Hx VTE plus any thrombophilia OR 2 or more risk factors

Initials _____

(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

Prophylactic Anticoagulation Regimens:

Enoxaparin:

For patients less than 50 kilograms:

- Enoxaparin Sodium (Lovenox) 20 mg subcutaneously 1 time per day

For patients 50 - 90 kilograms:

- Enoxaparin Sodium (Lovenox) 40 mg subcutaneously 1 time per day

For patients 91 - 130 kilograms:

- Enoxaparin Sodium (Lovenox) 30 mg subcutaneously every 12 hours

For patients 131 - 170 kilograms:

- Enoxaparin Sodium (Lovenox) 40 mg subcutaneously every 12 hours

For patients greater than 170 kilograms 0.6mg/kg/day in 2 divided doses:

- Enoxaparin Sodium (Lovenox) 0.3 mg/kg subcutaneously 2 times per day

Heparin:

1st Trimester 5,000 - 7,500 units every 12 hours:

- Heparin Sodium, Porcine (Heparin) 5,000 units subcutaneously every 12 hours
- Heparin Sodium, Porcine (Heparin) 7500 Unit(s) subcutaneously every 12 hours

2nd Trimester 7,500 - 10,000 units every 12 hours:

- Heparin Sodium, Porcine (Heparin) 7500 Unit(s) subcutaneously every 12 hours
- Heparin Sodium, Porcine (Heparin) 10,000 units subcutaneously every 12 hours

3rd Trimester 10,000 units every 12 hours:

- Heparin Sodium, Porcine (Heparin) 10,000 units subcutaneously every 12 hours

Mechanical

- Sequential Compression Device Location Right Left Bilateral

Provider Signature: _____ Date: _____ Time: _____