

(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 Cesarean Section Pre-Op Non Admission

Version 2 1/11/2017

- This order set is designed to be used with an admission set or for a patient already admitted

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

Nursing Orders

- 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

Respiratory

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

Diet

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

IV Fluids

- 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

Initials _____

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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

- 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

Provider Signature: _____ Date: _____ Time: _____