



# STANDARD ORDERS Pre-Op Cesarean Section

These orders are to be used as a guideline and do not replace sound clinical judgement and professional standards. Patient allergy and contraindications must be considered when completing the orders.

Automatically activated (if not in agreement cross out and initial)     Activated by checking the box

### MEDICATION ORDERS

### GENERAL ORDERS

Allergies:  No     Yes Describe: \_\_\_\_\_ Patient's Weight \_\_\_\_\_

DATE

TIME

#### INTRAVENOUS

- Ringer's Lactate: rate at \_\_\_\_\_ mL/hour  
OR
- Normal Saline: rate at \_\_\_\_\_ mL/hour
- IV bolus: \_\_\_\_\_ (500 mL or 1000 mL)

#### MEDICATIONS

- Famotidine 20 mg IV 60 minutes pre-operation  
OR
- Pantoprazole 40 mg IV 60 minutes pre-operation
- Dicitrate solution 30 mL orally immediately prior to the operating room

#### Antibiotics

- ceFAZolin 1 g (if weight less than 80 kg) in the operating room  
OR
- ceFAZolin 2 g (if weight greater than 80 kg) in the operating room

**If allergic to penicillin AND at risk for anaphylaxis or allergic to Cephalosporin:**

- Clindamycin 600 mg IV in the operating room

#### NUTRITION

- No solid food after midnight. Clear fluids up until 2 hours before arrival at the hospital, then NPO

#### TESTS

- CBC
- Type and screen
- CBC unless result within the past 4 weeks is on the prenatal record
- Type and screen if blood type and Rh are not listed on the prenatal record

#### TREATMENTS

- Vital Signs:
  - BP, P, RR, T and O2 sat
- Fetal monitoring
  - EFM 20 minute strip prior to Operating Room
  - IA in Operating Room
- Foley catheter inserted
  - In Operating Room after spinal
  - Prior to Operating Room
- TED stockings  
OR
- Mechanical sequential compression stockings

#### CONSULTS

- \_\_\_\_\_

PHYSICIAN

SIGNATURE \_\_\_\_\_

PHYSICIAN

PRINTED NAME \_\_\_\_\_

Order Transcribed Date: \_\_\_\_\_ Time: \_\_\_\_\_ Init: \_\_\_\_\_

COPY TO PHARMACY Date: \_\_\_\_\_ Time: \_\_\_\_\_ Init: \_\_\_\_\_