

HOSPITAL REGULATION: The signature of physician must accompany all orders.

NKA: NO KNOWN ALLERGIES
ALLERGIES:

Instructions: Any order with a check mark will be ordered. If there is a checked order that you DO NOT want, please strike through the order. All orders with a blank check box WILL NOT be ordered unless marked with a check.

Case Request C-Section

Case Request Operating Room

Admission

Admit to inpatient L&D

- **required** Service:** _____
- **required** Level of Care:** Acute Care Intermediate Care Critical Care _____
- **required** Diagnosis:** _____
- Admitting Physician: _____

****REQUIRED** Code Status (SELECT ONE)**

Full Code DNR (Do Not Resuscitate)

Partial Code:

Cardio Resuscitation: No chest compressions No defibrillation No internal/external pacemaker

Ventilation: Do Not Intubate (DNI) No mechanical ventilation with intubation No bag/mask No BiPAP

Drug Protocol: No artificial feeding No artificial hydration No vasopressors No hemodialysis

Isolation

Initiate airborne isolation

Initiate Contact Isolation

Initiate droplet isolation

Diet

NPO effective now

Activity

Activity as tolerated

Bed rest

Bed rest with bathroom privileges

Nursing

Vital Signs

Vital Signs: every 4 hours _____

Notify Physician

Notify physician (Specified parameters)

- Temperature greater than 100.5F or less than 96.9F
- Systolic blood pressure greater than 160 mmHG or less than 90 mmHg
- Diastolic blood pressure greater than 100 mmHg or less than 40 mmHg
- Heart rate greater than 120 bpm or less than 60 bpm
- Respiratory rate greater than 25 or less than 10
- SpO2 less than 94
- Urine output less than 0.5 mL/kg/hr

Notify Physician For: _____

Obstetrics Monitoring

Continuous tocometry

Fetal monitoring, Continuous

Fetal nonstress test, Once; Discontinue fetal monitoring after obtaining reactive NST

Nursing Interventions

Insert peripheral IV: #18 gauge, Continuous

Insert Foley catheter after regional anesthesia in place; Do not insert if patient already has indwelling Foley

Clean abdomen prior to transport to OR with 2% Chlorhexidine Gluconate wipes

Clip abdomen on call to OR

IV Fluids

Date:	Time:	Doctor's Signature:	Dictation ID #
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NGMC PHYSICIAN ORDER # 3040003332
(12/26/2017)

OB C-SECTION PRE-DELIVERY ORDERS
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- NS, intravenous, continuous; 125 mL/hr. Give BOLUS prior to epidural placement. If NOT pre-eclamptic or eclamptic, give 1000 mL over 30 minutes or if pre-eclamptic or eclamptic, give 500 mL over 30 minutes.
- LR, intravenous, continuous; mL/hr. Give BOLUS prior to epidural placement. If NOT pre-eclamptic or eclamptic, give 1000 mL over 30 minutes or if pre-eclamptic or eclamptic, give 500 mL over 30 minutes.
- D5-LR, intravenous, continuous; 125 mL/hr. Give BOLUS prior to epidural placement. If NOT pre-eclamptic or eclamptic, give 1000 mL over 30 minutes or if pre-eclamptic or eclamptic, give 500 mL over 30 minutes.

Medications

Antibiotics- For Surgical Prophylaxis

- If weight less than 120kg** - ceFAZolin (ANCEF) IVPB – 2000mg at 100 mL/hr over 30 mins
- If weight greater than/equal to 120kg**- cefazolin (ANCEF) IVPB- 3000mg at 200 mL/hr over 30 mins
- If allergic to Cephalosporins or history of anaphylaxis/hives to Penicillin:** Clindamycin + Gentamicin
 - Clindamycin (CLEOCIN) IVPB -900 mg at 50 mL/hr over 60 minutes
 - AND-**
 - Gentamycin (GARAMYCIN) IVPB - 400 mg over 30 mins. If trough level greater than 1.2, hold one dose
- If patient is laboring and has ROM-** azithromycin (ZITHROMAX) IV 500 mg Once

Group B Streptococcus Prophylaxis if ROM

- penicillin inj (pfizerpen) 5 million units IV now, then 2.5 million units iv q4hrs until delivery
- If allergic to PCN and culture sensitivity to erythromycin and clindamycin-** clindamycin (CLEOCIN) IV 900 mg every 8 hours until delivery
- If allergic to PCN and NO culture sensitivity to erythromycin and clindamycin-** vancomycin (VANCOGIN) IV 15mg/kg IV every 12 hours until delivery

Labs

- Type and Screen, Routine
- CBC w/o Diff, Routine, Once

Other Orders/Comments:

Date:	Time:	Doctor's Signature:	Dictation ID #
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