

Hospitalize As: Inpatient Outpatient / Observation **Care of Dr.** _____

Diagnosis: _____

Code Status: Full Code DNR Limitation of Treatment _____

All "pre-checked" orders will automatically be enacted unless a specific order is written to the contrary.
Any additional orders must be "checked" to activate.

Diet: _____

Print and complete the following order if indicated for the patient:

- 6011-03MR: DVT Prophylaxis Order Set

Patient Care Orders

- Dangle at bedside within 6 hours of completion of PACU as tolerated
- Ambulate patient within 6 hours of completion of PACU as tolerated, then TID
- Sequential Compression Device to remain on while patient is in bed until tolerating ambulation
- VS q 15 min x 4, q 30 min x 2, q 1 hr x 4, continue monitoring as warranted
- Measure Intake & Output every 4 hours X 48 hours postpartum.
- RHOGAM work up if indicated
- Maternal Newborn Home Visit X1
- Discontinue Urinary Cath (Foley) when ambulating or post op day 1, which ever comes first.
- Discontinue Epidural post-operative per MD order
- If patient received intrathecal morphine in OR (see 7080-04MR for interventions), monitor pulse oximetry continuously x 24 hr (may remove for ambulation).
- If patient has continuous post-op epidural (see 7080-04MR for interventions), monitor pulse oximetry continuously for duration of epidural (may remove for ambulation).
- Discontinue IV Fluids when PO well. Saline Lock and complete all IV medications before removing IV.
- Incentive Spirometry if BMI greater than 40
- Communication (specify): Communicate with pediatrician regarding infant's chorio risk factors and tier level.
- Initiate Clostridium difficile (C.diff) Identification Protocol (IC-28)

Laboratory

- CBC With Platelet And Differential IN AM first post op day Urine toxicology panel

Pulmonary

- Blood Gas Request for Service: Arterial Umbilical Cord Blood Gas
- Blood Gas Request for Service: Venous Umbilical Cord Blood Gas

Medications

Postpartum Uterotonic Agents: Oxytocics

- Oxytocin (Pitocin) ___ UNIT IV TITRATE. Add to existing IV fluid. Bolus at 300 ml/hr for 30 minutes, then decrease by half every 30 minutes until lochia is moderate.

Analgesics: Opioids

- Oxycodone (Roxicodone/ Oxy-IR) 5 MG PO Q3H PRN for moderate pain.
- Oxycodone (Roxicodone/ Oxy-IR) 10 MG PO Q4H PRN severe pain.
- Morphine Sulfate 2 MG IV Q1H PRN for moderate pain. If PO and IV ordered, use IV if unable to tolerate PO or PO ineffective.
- Morphine Sulfate 4 MG IV Q1H PRN for severe pain. If PO and IV ordered, use IV if unable to tolerate PO or PO ineffective.

Analgesics: Non-opioids

- Ketorolac Tromethamine(Toradol) 30 MG IV Q6H x 3 DOSES – timed 6H after Toradol dose given in OR or PACU. First dose given at _____ In _____. Hold if allergic to ASA/NSAIDS. Do not exceed max 120 MG/24HR. Pharmacy to adjust dose to 15mg for pts < 50 kg or CrCl < 30 ml/min.
- Ibuprofen (Motrin) 600 MG PO Q6H scheduled. START 6H AFTER FINAL TORADOL DOSE GIVEN.
- Acetaminophen (Tylenol) 1000 MG PO Q6H scheduled – timed 3H after Toradol dose given in OR or PACU. Do not exceed 4000mg in 24 hours.

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PHYSICIAN ORDERS
Women & Children's Center
CESAREAN SECTION: Post-Op Orders



6080-97MR
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Pruritus

- Diphenhydramine (Benadryl) 25 mg IV PRN itching if IV access present, may repeat x 1 in 30 min, then q4H PRN itching.
IF NO IV ACCESS: give 25 mg PO, may repeat x1 in 30 min, then q4H PRN itching.
IF ITCHING CONTINUES AFTER 1 HOUR: discontinue Benadryl and use nalbuphine (Nubain)—**NOT for opioid-tolerant pt.**
- Nalbuphine (Nubain) 2.5 mg IV q6H PRN CONTINUED ITCHING. **NOT FOR OPIOID-TOLERANT PATIENT.**
IF ITCHING STILL CONTINUES AFTER 1 HOUR: discontinue Nubain and use naloxone (Narcan):
- Naloxone (Narcan) 40 MCG (**0.04 mg**) IV push PRN CONTINUED ITCHING. **NOT FOR OPIOID-TOLERANT PATIENT.**
Dilute naloxone 0.4 mg/1 ml (400 MCG) vial with 9 ml 0.9% Sodium Chloride for total volume = 10 ml.
Administer 40 MCG (1 ml) bolus x 1; may repeat in 10 minutes x 1 if needed.

Antiemetics

- Ondansetron (Zofran) 4 MG IV Q6H PRN nausea/vomiting. If ineffective, use Promethazine.
- Promethazine (Phenergan) 12.5 MG/NS IV Q3H PRN nausea/vomiting. Infuse over at least 10 minutes.
Caution: Extravasation causes severe tissue damage.

Antibacterial Agents

- Pharmacy will auto-correct the dose based on weight if the wrong option is chosen
- Patient WEIGHT LESS THAN 120 kg:
 - ceFAZolin-D5W(Ancef/Kefzol) 2 G IV Q8HX 2 DOSES excluding pre-op dose. First dose given at ____ in ____.
- Patient WEIGHT 120 kg OR GREATER:
 - ceFAZolin-D5W(Ancef/Kefzol) 3 G IV Q8HX 2 DOSES excluding pre-op dose. First dose given at ____ in ____.
- Alternative for patients with Beta-lactam allergy (NOTE: Gentamicin dos NOT need to be given post-op if given pre-op)
 - Clindamycin-D5W (Cleocin-IV Premix) 900 MG IV Q8H x 2 DOSES excluding pre-op dose. First dose given at ____ in ____.

Other Medications

- Bisacodyl Rectal (Dulcolax) 10 MG PR BID PRN constipation
- Sennosides-Docusate (Senokot-S) 2 TABLET PO DAILY
- Lanolin (Lansinoh) 1 application Topical PRN sore nipples
- Benzocaine/Menthol 20% / 0.5% (Dermoplast) Pain Relief Spray. Use 1 spray topically QID PRN perineal discomfort.

IV Fluids

- Dextrose 5% Lactated Ringers 1000 ml @ 125 ml/hr

Saline Lock/Saline Flushes

- Saline Lock Administer Anesthetic per Policy PC-27
- Sodium Cl 0.9% Flush Syringe (N/S) 10 ML IV PRN
- Sodium Cl 0.9% Flush Syringe (N/S) 10 ML IV Q12 hours

Immunizations

- For postpartum patients who have not received Tdap vaccine during current pregnancy, administer Tdap vaccine prior to discharge
 - No immunization required, has had a Tdap vaccine this pregnancy.
 - Tetanus, diph, acell-pertussis (Adacel Tdap) 0.5 ML IM X1 DOSE. Administer TDAP (Adacel) (prior immunization with tetanus within last 2 years is NOT a contraindication.
- For postpartum patients without a history of varicella or previous vaccination, varicella vaccination should be administered prior to discharge; patients who receive varicella vaccination should be advised not to conceive for 1 month after immunization
 - No immunization required Immune/History of Chicken Pox
 - Screen for Varicella Vaccine
 - Varicella virus vaccine Live (Varivax) 0.5 ML SUBCUT X1 DOSE. If non-immune administer varicella vaccine. Call pharmacy if needed.
- For postpartum patients susceptible to rubella, MMR vaccine should be administered prior to discharge
 - No immunization required, Immune to Rubella
 - Measles/Mumps/Rubella vaccine (MMR-II) 0.5 ML SUBCUT X 1 DOSE. If rubella status equivocal or non-immune administer MMR.
- For post-partum patients who are Rh-negative without anti-D antibodies, administer Anti-D immunoglobulin within 72 hours of the birth of an Rh-positive neonate.

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WO0010

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For Opioid Tolerant Patient

Patient Care Orders

- Communication: Contact Methadone/Subutex clinic for dosage verification.

Analgesics: Opioids

- Do Not give patient Butorphanol (Stadol) or Naloxone (Narcan) or Nalbuphine (Nubain)
- If patient on methadone or Buprenorphine (Subutex), continue home dose.
 - methaDONE (methaDONE) __ MG PO Q__
 - Buprenorphine (Subutex) __MG SUBLINGUAL Q__H.
 - Oxycodone (Roxicodone/ Oxy-IR) 10 MG PO Q3H PRN moderate pain.
 - Oxycodone (Roxicodone/ Oxy-IR) 15 MR PO Q4H PRN severe pain.
 - Fentanyl citrate (Sublimaze) 25 MCG IV Q5 MINUTES PRN pain while in PACU. May repeat up to 200 MCG.

Consults

- Lactation Consult
- Social Work Consult

Notify Provider

- for temp greater than 38 C
- for pulse greater than 120 or less than 60
- for respiration greater than 24 or less than 4
- for SBP greater than 170 or less than 80
- for DBP greater than 110 or less than 50
- if urinary output < 30 ml/hr x2 hrs

PHYSICIAN SIGNATURE

DATE / TIME

