

Hospitalize As: Outpatient (SDS) Observation (Ext) Overnight <24 hours Inpatient (AM Admit) Overnight >24 hours Inpatient Care of Dr. _____

Patient Name:		Date of Procedure:		Admit Date:			
DOB:	Home/Cell Phone:	Work Phone:	If patient is a minor, name of parent:				
Surgeon:		Assistant:	Primary Care Physician:				
Procedure:							
Diagnosis:							
Co-morbidities:			Special Instructions:				
<input type="checkbox"/> Hospitalist Pre-Assessment Clinic <input type="checkbox"/> Medical Co-Management Order <input type="checkbox"/> Anesthesia Consult Order							
	Date		Surgeon Ordered	Anesthesia Ordered	Obtained (Initial)	Lab Drawn (Initial)	Comments
Preop Visit with Surgeon		4666 Comp Metabolic Panel					
BMI		518 CBC w/diff					
Surgical Consent		42 Type & Screen					
History & Physical		Other					
Notes							
Anesthesia Questionnaire							
Anesthesia Consent							
PAS Notes							

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.
Patient Care Orders

● If patient at risk for DVT/VTE refer to 6011-03MR and Policy MM-38: Anticoagulation Management Program

- FSBS on all diabetic patients prior to surgery.
- Check with blood bank need for confirmatory draw
- Place NPO After Midnight For (Specify): Cesarean Section
- Chlorhexidine Gluconate 2% skin prep protocol
- Sequential Compression Device in place prior to spinal

For diabetics requiring insulin

- Monitor glucose every 2 hours for patients requiring insulin until cesarean completed.
- Notify endocrinologist/provider if blood sugar is less than 70 or greater than 110
- If a blood glucose is less than 100, add D5W 500 ml IVPB KVO for patients on insulin therapy if insulin given.
- Insulin pump may be continued throughout surgery
- May discontinue insulin pump for no longer than one hour per provider order.

Laboratory

- CBC With Platelet And Differential Type and Screen Serum Creatinine Urine Toxicology Panel

Medications

Sodium Citrate/Citric Acid (Bicitra) 30 ml PO 1 hour pre-op

● Use alternative antibiotic if patient has any cephalosporin allergy or "Type 1" penicillin allergy (hives, angioedema, anaphylaxis):

ceFAZolin-D5W (Ancef/Kefzol Duplex) ON CALL. **Pharmacy will select dose based on weight as follows:**

- Patient weight less than 120 kg: ceFAZolin 2 G IV on call. Send with patient to be given in pre-op holding within 1 HR of incision.
- Patient weight 120 kg or more: ceFAZolin 3 G IV on call. Send with patient to be given in pre-op holding within 1 HR of incision.

● Alternative for patients with Beta-lactam allergy:

Clindamycin 900 MG IV PLUS Gentamicin 5 MG/KG IV ON CALL. Send with patient to be given in preop holding within 1 HR of incision. (Gentamicin dose based on 'dosing weight' if obese)

● For **UNSCHEДУLED** Cesarean Section: ADD Azithromycin to routine pre-op antibiotics:

Azithromycin (Zithromax) 500mg IV ON CALL. Send with patient to be given in preop holding within 1 HR of incision.

IV Fluids

● For patients receiving intrathecal anesthesia, provide IV fluid preloading to reduce the incidence of maternal hypotension

- Lactated Ringers IV 1000 ML 1 HR pre-op @ 500 ML/HR for 2 HR then 125 ML/HR
- Lactated Ringers (1000 ML bag) IV @ 125 ml/hr. Start after initial bolus.

PHYSICIAN SIGNATURE

DATE / TIME

Wentworth-Douglass Hospital
 PHYSICIAN ORDERS

Women & Children's Center

CESAREAN SECTION – Pre-Op Orders



WO0010

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