Women & Children's Center

CESAREAN SECTION: Post−Op Orders

Hospitalize As:  ☑ Inpatient  ☐ Outpatient / Observation  ☐ Care of Dr. ____________________________

Diagnosis: ☑ 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 X 1
☐ 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.

Wentworth−Douglass Hospital
PHYSICIAN ORDERS

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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.**
- 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, dipth, 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.
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

______________________________________________________________________________

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