

OB/GYN CESAREAN POST-OP DISCOMFORT PLAN -
NONANALGESICS/NONSEDATATING ONLY

PHYSICIAN ORDERS

Diagnosis _____

Weight _____

Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)

1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat

dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)

10 mL, PO, liq, q4h, PRN cough

Gastrointestinal Agents

docusate

100 mg, PO, cap, Nightly

100 mg, PO, cap, Nightly, PRN constipation

bisacodyl

10 mg, rectally, supp, Daily, PRN constipation

Antacids

Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension)

30 mL, PO, susp, q4h, PRN indigestion

Administer 1 hour before meals and nightly.

simethicone

80 mg, PO, tab chew, q4h, PRN gas

160 mg, PO, tab chew, q4h, PRN gas

Anti-pyretics

Select only ONE of the following for fever.

acetaminophen

500 mg, PO, tab, q4h, PRN fever

Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:****

1,000 mg, PO, tab, q6h, PRN fever

Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:****

ibuprofen

200 mg, PO, tab, q4h, PRN fever

Do not exceed 3,200 mg in 24 hours. Give with food.

400 mg, PO, tab, q4h, PRN fever

Do not exceed 3,200 mg in 24 hours. Give with food.

Anorectal Preparations

Select only ONE of the following for hemorrhoid care.

witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)

1 app, rectally, pad, as needed, PRN hemorrhoid care

Wipe affected area

mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)

1 app, rectally, oint, q6h, PRN hemorrhoid care

Apply to affected area

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

