UMC Health System		Р	atient Label Here			
OB/GYN CESAREAN SECTION PRE-OP PLAN						
		N ORDERS				
Diagnos						
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 ORDER DETAILS					
	Patient Care					
	Vital Signs ☐ Per Unit Standards ☐ q1h ☐ q4h	☐ Per Unit Standards, with ☐ q2h	q2h temps for ruptured membranes.			
	Patient Activity         Up Ad Lib/Activity as Tolerated         Bedrest, Instruct patient on importance of lateral position and to change position at least every 2 hours.         Bedrest   Up to Bedside Commode Only					
	Strict Intake and Output					
	Ambulate Patient					
	POC Urinalysis Automated w/o Microscopy					
	Monitoring					
	Fetal Monitoring	Continuous External Ute	rine Assessment by Toco only			
	Notify Provider (Misc) Reason: Abnormal fetal heart tracing					
	Communication					
	***For patients WITH hypertensive disorders***					
	Notify Provider of VS Parameters Temp Greater Than 100.4, RR Greater Than 28, RR Less Than 12, SpO2 Less Than 95, SBP Greater Than 160, SBP Less Than 90, DBF Greater Than 90, DBP Less Than 50, HR Greater Than 120, HR Less Than 60					
	***For patients WITHOUT hypertensive disorders***					
	<ul> <li>Notify Provider of VS Parameters</li> <li>Temp Greater Than 100.4, RR Greater Than 28, RR Less Than 12, SpO2 Less Than 95, SBP Greater Than 140, SBP Less Than 90, DBP Greater Than 90, DBP Less Than 50, HR Greater Than 120, HR Less Than 60</li> </ul>					
	Dietary					
	NPO Diet         □ NPO         □ NPO, Except Ice Chips         □ T;2359, NPO After Midnight	NPO, Except Meds	ept Ice Chips			
	Oral Diet □ Clear Liquid Diet □ Carbohydrate Controlled (1600 calories) Diet	Advance as tolerated to				
	IV Solutions	, <u> </u>	· · ·			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan			
Order Taken by Signature:		Date	Time			
Physician Signature:		Date	Time			
			1201			



UMC Health System OB/GYN CESAREAN SECTION PRE-OP PLAN		Patient Label Here			
	PHYSICIA				
ORDER	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 DETAILS				
	LR □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr			
	<b>D5LR</b> □ IV, 75 mL/hr □ IV, 125 mL/hr	□ IV, 100 mL/hr □ IV, 150 mL/hr			
	oxytocin 30 units/500 mL NS         IV, 125 mL/hr         Final Concentration = 0.06 units/mL (60 milliunits/mL). To be used immediately post-delivery. Anesthesia to bolus 500 mL, then nurse to initiate second bag at rate ordered by OB physician.         30 units, Every Bag				
	Medications	tel delle de se ll'asseded			
	Medication sentences are per dose.       You will need to calculate a total daily dose if needed.         sodium citrate-citric acid       30 mL, PO, liq, OCTOR				
	famotidine ☐ 20 mg, IVPush, inj, OCTOR Dilute to 2 mg/mL with NS. IV push over 2 min.				
	metoclopramide ☐ 10 mg, IVPush, inj, OCTOR				
	<b>ceFAZolin</b> ☐ 2 g, IVPush, inj, OCTOR Reconstitute each vial with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes				
	<b>clindamycin</b> G00 mg, IVPB, ivpb, OCTOR, Infuse over 30 min				
	<b>gentamicin</b> 120 mg, IVPB, ivpb, OCTOR, Infuse over 60 min				
	<b>vancomycin</b> 1,000 mg, IVPB, ivpb, OCTOR, Infuse over 90 min				
	Laboratory Comprehensive Metabolic Panel				
	CBC Routine, T;N Next Day in AM, T+1;0300	□ STAT			
	CBC with Differential Routine, T;N Next Day in AM, T+1;0300	□ STAT			
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Order Taken by Signature:		Date Time			
Physician Signature:		Date Time			

UMC Health System		Patient Label Here	
OB/GYN CESAREAN SECTION PRE-OP PLAN			
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER			
	Prothrombin Time with INR  Routine, T;N Next Day in AM, T+1;0300	□ STAT	
	PTT □ Routine, T;N □ Next Day in AM, T+1;0300	□ STAT	
	LDH STAT		
	Urinalysis		
	Hepatitis B Surface Antigen		
	Syphilis Screen		
	HIV Screen		
	BB PRBC for pts 25 kg or GREATER		
	Consults/Referrals		
	Consult MD Service: Anesthesiology, Reason: Pre-Op		
	Additional Orders		
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Order Take	n by Signature:	Date	Time
Physician Signature:		Date	Time



UMC Health System		Pa	tiont Lobal Horo	
BB TYPE AND SCREEN PLAN		Patient Label Here		
	PHYSICIA	IN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN		r detail box(es) where applicable.	
ORDER				
	Laboratory			
	BB Blood Type (ABO/Rh)			
	BB Antibody Screen			
то	Read Back	Scanned Powerchart	Scanned PharmScan	
Order Taken by Signature:				
Physician Signature:		Date	Time	

