

UMC Health System OB/GYN CESAREAN SECTION PRE-OP PLAN	Patient Label Here
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PHYSICIAN ORDERS

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
	Prothrombin Time with INR <input type="checkbox"/> Routine, T;N <input type="checkbox"/> STAT <input type="checkbox"/> Next Day in AM, T+1;0300
	PTT <input type="checkbox"/> Routine, T;N <input type="checkbox"/> STAT <input type="checkbox"/> Next Day in AM, T+1;0300
	LDH <input type="checkbox"/> STAT
	Urinalysis <input type="checkbox"/> Urine, STAT
	Hepatitis B Surface Antigen
	Syphilis Screen
	HIV Screen
	BB PRBC for pts 25 kg or GREATER <input type="checkbox"/> Priority: PreOP, Quantity: 2, units to transfuse

Consults/Referrals	
	Consult MD <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op

...Additional Orders	

TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

