

OB/GYN CESAREAN SECTION POST-OP PLAN
- Phase: Analgesics and Sedating Medications

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

...Additional Orders

If patient received an epidural/intrathecal medication in the OR, Do NOT initiate this phase until 24 hours have past following medication administration.

If patient DID NOT receive an epidural/intrathecal medication, these orders may be initiated immediately post-delivery.

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OB/GYN CESAREAN SECTION POST-OP PLAN
- Phase: General Orders

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
Patient Care	
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Patient Activity <input type="checkbox"/> Up Ad Lib/Activity as Tolerated Assist as Needed <input type="checkbox"/> Bedrest Bathroom Privileges <input type="checkbox"/> Bedrest <input type="checkbox"/> Bedrest Up to Bedside Commode Only
	Instruct to Turn, Cough, & Deep Breath
	Strict Intake and Output <input type="checkbox"/> Per Unit Standards <input type="checkbox"/> q2h <input type="checkbox"/> q12h <input type="checkbox"/> q1h <input type="checkbox"/> q4h
	Urinary Catheter Care
	Discontinue Urinary Catheter
	Insert Straight Cath <input type="checkbox"/> q6h PRN if unable to void. Reinsert urinary catheter if straight cath required more than 2 times. <input type="checkbox"/> q6h PRN if unable to void
	Perform Bladder Scan <input type="checkbox"/> Scan PRN, If more than 250, Then: Call MD
	Apply Abdominal Binder
	Wound Care by Bedside Nursing (Dressing Change by Bedside Nursing) <input type="checkbox"/> Clean Dressing, Cover/Pack with ABD Pad 4x4 Gauze Abdominal Binder, Located: Abdomen, Change PRN, if needed. Call physician if additional changes needed due to excess bleeding.
Breast Care	
	Apply Breast Binder (Apply Sports Bra) <input type="checkbox"/> As needed for non-nursing mothers.
	Apply Ice <input type="checkbox"/> To: Breasts, as needed for non-nursing mothers.
	Lanolin Topical Cream <input type="checkbox"/> T;N, To: breast care, PRN, 1 app, topical, cream, as needed, PRN, breast care
Communication	
	Notify Provider of VS Parameters <input type="checkbox"/> Temp Greater Than 100.4, SpO2 Less Than 95, SBP Greater Than 160, SBP Less Than 110, DBP Greater Than 90, DBP Less Than 50, HR Greater Than 120, HR Less Than 60
	Notify Provider (Misc) <input type="checkbox"/> Reason: If urine output less than 30 mL every hour or less than 120 mL every 4 hours.
	Instruct Patient <input type="checkbox"/> Instruct Patient On: Breast or Bottle Feeding Initiate pumping if baby is separated from mom for more than 12 hours.
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Discontinue Intrapartum Plan upon arrival to Post-Partum Unit.

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OB/GYN CESAREAN SECTION POST-OP PLAN
- Phase: General Orders

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
Dietary	
	Oral Diet <input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Regular Diet <input type="checkbox"/> Clear Liquid Diet, Advance as tolerated to Regular, when patient is passing flatus
IV Solutions	
	LR <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	oxytocin 30 units/500 mL NS <input type="checkbox"/> IV Final Concentration = 0.06 units/mL (60 milliunits/mL). Dose Range is 0.5 -10 milliunits/min. Titrate to desired effect. Notify physician if administered dose (rate) is greater than the usual dose range. <input type="checkbox"/> Start at rate: _____ munit/min
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	multivitamin, prenatal <input type="checkbox"/> 1 tab, PO, tab, Daily Administer with breakfast.
	iron polysaccharide <input type="checkbox"/> 150 mg, PO, cap, BID Administer with breakfast and dinner.
	ceFAZolin (cefazolin) <input type="checkbox"/> 1 g, IVPush, inj, q8h, x 1 dose Give 8 hours after pre-op dose. Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes <input type="checkbox"/> 1 g, IVPush, inj, q8h, x 2 dose Give 8 hours after pre-op dose. Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes
Immunizations	
	measles-mumps-rubella virus vaccine (measles-mumps-rubella virus vaccine subcutaneous injection) <input type="checkbox"/> 0.5 mL, subcut, inj, ONE TIME
	Tdap adult vaccine (Adacel Tdap) <input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME IM only. Booster only, indicated for ages 11- 64 years.
	pneumococcal 23-polyvalent vaccine (pneumococcal 23-polyvalent vaccine injectable solution) <input type="checkbox"/> 0.5 mL, IM, inj, ONE TIME
Laboratory	

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System OB/GYN CESAREAN SECTION POST-OP PLAN - Phase: General Orders	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
	CBC <input type="checkbox"/> Routine, T;N <input type="checkbox"/> STAT <input type="checkbox"/> Next Day in AM, T+1;0300
	Hemoglobin and Hematocrit <input type="checkbox"/> Routine, T;N <input type="checkbox"/> STAT <input type="checkbox"/> Next Day in AM, T+1;0300
	BB Rhogam Workup
	Hepatitis B Surface Antigen

...Additional Orders

The Analgesic and Sedating Medications phase contains all analgesic, sedative, and antiemetic orders from the OB provider.

If patient received an epidural/intrathecal medication, DO NOT initiate this phase until 24 hours have passed from time of medication administration or epidural removal. Anesthesia will manage these orders for the first 24 hours.

If patient DID NOT receive an epidural/intrathecal medication, these orders may be initiated immediately post-delivery.

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

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

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
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) <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
Gastrointestinal Agents	
	docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation
	bisacodyl <input type="checkbox"/> 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) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Anti-pyretics	
	Select only ONE of the following for fever. acetaminophen <input type="checkbox"/> 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:***** <input type="checkbox"/> 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 <input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food. <input type="checkbox"/> 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) <input type="checkbox"/> 1 app, rectally, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OB/GYN CESAREAN SECTION POST-OP PLAN
- Phase: OB/GYN CESAREAN POST-OP DISCOMFORT
PLAN - ANALGESICS/SEDATIVES/ANTIEMETICS/
ANTIHISTAMINES

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						
Patient Care							
	<p>***Only OB Providers Should Place This Plan*** See Reference Text for Guidelines</p> <p>***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated*** <input type="checkbox"/></p> <p>Contraindications VTE</p> <table border="0"> <tr> <td><input type="checkbox"/> Active/high risk for bleeding</td> <td><input type="checkbox"/> Treatment not indicated</td> </tr> <tr> <td><input type="checkbox"/> Patient or caregiver refused</td> <td><input type="checkbox"/> Other anticoagulant ordered</td> </tr> <tr> <td><input type="checkbox"/> Anticipated procedure within 24 hours</td> <td><input type="checkbox"/> Intolerance to all VTE chemoprophylaxis</td> </tr> </table>	<input type="checkbox"/> Active/high risk for bleeding	<input type="checkbox"/> Treatment not indicated	<input type="checkbox"/> Patient or caregiver refused	<input type="checkbox"/> Other anticoagulant ordered	<input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Intolerance to all VTE chemoprophylaxis
<input type="checkbox"/> Active/high risk for bleeding	<input type="checkbox"/> Treatment not indicated						
<input type="checkbox"/> Patient or caregiver refused	<input type="checkbox"/> Other anticoagulant ordered						
<input type="checkbox"/> Anticipated procedure within 24 hours	<input type="checkbox"/> Intolerance to all VTE chemoprophylaxis						
	<p>Apply Elastic Stockings</p> <table border="0"> <tr> <td><input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High</td> <td><input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High</td> </tr> <tr> <td><input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High</td> <td><input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High</td> </tr> <tr> <td><input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High</td> <td><input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High</td> </tr> </table>	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High
<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High	<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High						
<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High	<input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High						
<input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High	<input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High						
	<p>Apply Sequential Compression Device</p> <table border="0"> <tr> <td><input type="checkbox"/> Apply to Bilateral Lower Extremities</td> <td><input type="checkbox"/> Apply to Left Lower Extremity (LLE)</td> </tr> <tr> <td><input type="checkbox"/> Apply to Right Lower Extremity (RLE)</td> <td></td> </tr> </table>	<input type="checkbox"/> Apply to Bilateral Lower Extremities	<input type="checkbox"/> Apply to Left Lower Extremity (LLE)	<input type="checkbox"/> Apply to Right Lower Extremity (RLE)			
<input type="checkbox"/> Apply to Bilateral Lower Extremities	<input type="checkbox"/> Apply to Left Lower Extremity (LLE)						
<input type="checkbox"/> Apply to Right Lower Extremity (RLE)							

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



OB/GYN CESAREAN SECTION POST-OP PLAN
- Phase: VTE PROPHYLAXIS PLAN

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
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	VTE Prophylaxis: Trauma Dosing. For CrCl LESS than 30 mL/min, use heparin. Pharmacy will adjust enoxaparin dose based on body weight.
Scheduled Analgesics	
	Co-Administered Analgesics- these medications will be administered together. <input type="checkbox"/> 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, q8h, Prophylaxis - Trauma Dosing <input type="checkbox"/> 600 mg, PO, tab, q8h, x 3 days
	VTE Prophylaxis: Non-Trauma Dosing 1,000 mg, PO, tab, q8h, x 3 days Alternating Analgesics- these medications will be scheduled so that the patient receives a dose every 4 hours. <input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function <input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function
	heparin <input type="checkbox"/> 5,000 units, subcut, inj, q12h <input type="checkbox"/> 600 mg, PO, tab, q8h, x 3 days <input type="checkbox"/> 5,000 units, subcut, inj, q8h
	rivaroxaban <input type="checkbox"/> 10 mg, PO, tab, In PM <input type="checkbox"/> 1,000 mg, PO, tab, q8h, x 3 days
	Additional scheduled pain medications 5 mg, PO, tab, In PM aspirin <input type="checkbox"/> 81 mg, PO, tab chew, Daily <input checked="" type="checkbox"/> 1 tab, PO, tab, q6h, x 3 days <input type="checkbox"/> 325 mg, PO, tab, Daily
	Fondaparinux may only be used in adults 50 kg or GREATER. Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min
Analgesics for Mild Pain	
	Select only ONE of the following for Mild Pain 2.5 mg, subcut, syringe, q24h acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) <input type="checkbox"/> ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:***** Continued on next page....

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OB/GYN CESAREAN SECTION POST-OP PLAN
- Phase: VTE PROPHYLAXIS PLAN

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
	<input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:*****
	ibuprofen <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.
	PRN Analgesics
Analgesics for Moderate Pain	
	Select only ONE of the following for Moderate Pain HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours.*** *****IF hydrocodone/acetaminophen ineffective/contraindicated, USE ketorolac if ordered:***** <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours.*** *****IF hydrocodone/acetaminophen ineffective/contraindicated, USE ketorolac if ordered:*****
	ketorolac <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6) May give IM if no IV access
Analgesics for Severe Pain	
	Select only ONE of the following for Severe Pain morphine <input type="checkbox"/> 2 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine ineffective/contraindicated, USE hydromorphone if ordered:***** <input type="checkbox"/> 4 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine ineffective/contraindicated, USE hydromorphone if ordered:*****
	HYDROmorphine <input type="checkbox"/> 1 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)
Antiemetics	
	Select only ONE of the following for nausea/vomiting. promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea/vomiting *****IF promethazine is ineffective/contraindicated, USE ondansetron if ordered:*****
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q4h, PRN nausea/vomiting <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting
Sedatives	
	zolpidem <input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia May repeat x1 in one hour if ineffective

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Order Taken by Signature: _____ Date _____ Time _____

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OB/GYN CESAREAN SECTION POST-OP PLAN
- Phase: PCA MED PLAN

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
Communication	
Notify Provider of VS Parameters (Notify Provider if VS) <input type="checkbox"/> RR Less Than 10, Patient becomes unresponsive	
Medication Management (Notify Nurse and Pharmacy) <input type="checkbox"/> Start date T;N If respirations fall below 10 breaths per minute or patient becomes unresponsive, stop PCA pump.	
IV Solutions	
<p>***CAUTION*** Ordering a continuous rate (Basal Dose), should be reserved for opioid tolerant patients who require high dose therapy.</p> <p>***DOSING NOTES***: 1. Initial doses are for opioid naive patients. Chronic pain patients may require higher doses. 2. Decrease initial starting dose by 25-30% in patients greater than 65 years of age, and/or patients with renal, hepatic, or pulmonary impairment. 3. Hydromorphone and fentanyl are recommended for patients with renal impairment and/or those who cannot tolerate morphine.</p> <p>morphine (morphine 30 mg/30 mL PCA) <input type="checkbox"/> Dose (mg) = 1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 20, Start date/time T;N <input type="checkbox"/> Dose (mg) = 2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 40, Start date/time T;N</p>	
<p>HYDROMorphone (HYDROMorphone 6 mg/30 mL PCA) <input type="checkbox"/> Dose (mg) = 0.1, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 2, Start date/time T;N <input type="checkbox"/> Dose (mg) = 0.2, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 4, Start date/time T;N <input type="checkbox"/> Dose (mg) = 0.3, Lock-out Interval (min) = 10, 4-hour Limit (mg) = 6, Start date/time T;N</p>	
<p>fentaNYL (fentaNYL 300 mcg/30 mL PCA) <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 100, Start date/time T;N <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 150, Start date/time T;N <input type="checkbox"/> Dose (mcg) = 10, Lock-out Interval (min) = 10, 4-hour Limit (mcg) = 200, Start date/time T;N</p>	
<p>If no IV Fluid is currently infusing, start 0.9% sodium chloride to keep vein open for duration of PCA</p> <p>NS (Normal Saline) <input type="checkbox"/> 1,000 mL final vol, IV, 20 mL/hr</p>	
Medications	
<p>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</p>	
<p>ACUTE MANAGEMENT OF RESPIRATORY DEPRESSION If respiratory rate is less than 10 breaths/min or patient is unresponsive</p> <ol style="list-style-type: none"> 1. Stop PCA Pump 2. Administer naloxone (Narcan) as ordered until respiratory rate is greater than 10 breaths/min. 3. Notify Physician <p>naloxone <input type="checkbox"/> 0.1 mg, IVPush, inj, q2min, PRN bradypnea May give undiluted or dilute 0.4 mg into 9 mL of normal saline for a total volume of 10 mL to achieve a 0.04 mg/mL concentration (0.1 mg = 2.5 mL). Continued on next page....</p>	

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Patient Label Here

OB/GYN CESAREAN SECTION POST-OP PLAN
- Phase: PCA MED PLAN

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

Respiratory

Continuous Pulse Oximetry

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