

Hospitalize As: ☐ Outpatient (SDS) ☐ Observation (Ext) Overnight <24 hours ☐ Inpatient (AM Admit) Overnight >24 hours ☐ Inpatient Care of Dr. \_\_\_\_\_

Patient Name:			Date of Procedure:		Admit Date:		
DOB:	Home/Cell Phone:	Work Phone:		If patient is a minor, name of parent:			
Surgeon:		Assistant:		Primary Care Physician:			
Procedure:							
Diagnosis:							
Co-morbidities:				Special Instructions:			
<input type="checkbox"/> Hospitalist Pre-Assessment Clinic <input type="checkbox"/> Medical Co-Management Order <input type="checkbox"/> Anesthesia Consult Order							
	Date		Surgeon Ordered	Anesthesia Ordered	Obtained (Initial)	Lab Drawn (Initial)	Comments
Preop Visit with Surgeon		4666 Comp Metabolic Panel					
BMI		518 CBC w/diff					
Surgical Consent		42 Type & Screen					
History & Physical		Other					
Notes							
Anesthesia Questionnaire							
Anesthesia Consent							
PAS Notes							

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.

#### Patient Care Orders

- If patient at risk for DVT/VTE refer to 6011-03MR and Policy MM-38: Anticoagulation Management Program

- ☒ FSBS on all diabetic patients prior to surgery.
- ☒ Check with blood bank need for confirmatory draw
- ☒ Place NPO After Midnight For (Specify): Cesarean Section
- ☒ Chlorhexidine Gluconate 2% skin prep protocol
- ☒ Sequential Compression Device in place prior to spinal

#### For diabetics requiring insulin

- ☐ Monitor glucose every 2 hours for patients requiring insulin until cesarean completed.
- ☐ Notify endocrinologist/provider if blood sugar is less than 70 or greater than 110
- ☐ If a blood glucose is less than 100, add D5W 500 ml IVPB KVO for patients on insulin therapy if insulin given.
- ☐ Insulin pump may be continued throughout surgery
- ☐ May discontinue insulin pump for no longer than one hour per provider order.

#### Laboratory

- ☒ CBC With Platelet And Differential ☒ Type and Screen ☒ Serum Creatinine ☐ Urine Toxicology Panel

#### Medications

- ☒ Sodium Citrate/Citric Acid (Bicitra) 30 ml PO 1 hour pre-op

- Use alternative antibiotic if patient has any cephalosporin allergy or "Type 1" penicillin allergy (hives, angioedema, anaphylaxis):

- ☐ ceFAZolin-D5W (Ancef/Kefzol Duplex) ON CALL. **Pharmacy will select dose based on weight as follows:**

- Patient weight less than 120 kg: ceFAZolin 2 G IV on call. Send with patient to be given in pre-op holding within 1 HR of incision.
- Patient weight 120 kg or more: ceFAZolin 3 G IV on call. Send with patient to be given in pre-op holding within 1 HR of incision.

- Alternative for patients with Beta-lactam allergy:

- ☐ Clindamycin 900 MG IV PLUS Gentamicin 5 MG/KG IV ON CALL. Send with patient to be given in preop holding within 1 HR of incision. (Gentamicin dose based on 'dosing weight' if obese)

- For **UNSCHEDULED** Cesarean Section: ADD Azithromycin to routine pre-op antibiotics:

- ☐ Azithromycin (Zithromax) 500mg IV ON CALL. Send with patient to be given in preop holding within 1 HR of incision.

#### IV Fluids

- For patients receiving intrathecal anesthesia, provide IV fluid preloading to reduce the incidence of maternal hypotension

- ☒ Lactated Ringers IV 1000 ML 1 HR pre-op @ 500 ML/HR for 2 HR then 125 ML/HR
- ☒ Lactated Ringers (1000 ML bag) IV @ 125 ml/hr. Start after initial bolus.

PHYSICIAN SIGNATURE

DATE / TIME

Wentworth-Douglass Hospital

PHYSICIAN ORDERS

Women & Children's Center

CESAREAN SECTION – Pre-Op Orders



WO0010

6080-309MR

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