



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Routine Pre-op Cesarean Section Order Set

Admit Inpatient Admit per _____

Diet: NPO after 2200

Permit & Preparation: Permit and prep for Cesarean Section

IV Fluids: • Start IV with #18 gauge cathlon to infuse LR @ 125 ml/hour
• Give 1000 ml bolus prior to spinal anesthesia. (If IV infusing more than 2 hours, hydrate with 500 ml bolus)

LAB: ☐ CBC no Diff ☐ CBC with automated Diff ☐ CBC with manual Diff
• RPR
• Type/Screen
• HIV if not done
• Urine Macroscopic Iris

NURSING CARE: • External fetal and uterine monitoring per ACOG protocols.
• #16 Foley catheter prior to surgery
• Ted hose prior to surgery
• Incentive Spirometry instruction prior to Cesarean Section. Nursing Care staff shall help reinforce importance of IS and of keeping equipment at bedside.

MEDS: ☐ Pre-op meds given per Anesthesia orders.
☐ Oxytocin 20 units per 1 liter D5LR after delivery of placenta
☐ Oxygen at 8-10 liters per minute PRN
Pre-op antibiotics: Patient's Weight: _____
☐ Ancef ☐ 1 gm (≤ 176 lb) ☐ 2 gm (177 lb – 352 lb) ☐ 3 gm (≥ 353 lb)
☐ Clindamycin ☐ 600 mg (≤ 176 lb) ☐ 900 mg (177 lb – 352 lb) ☐ 1200 mg (≥ 353 lb)
☐ Gentamycin ☐ 4 mg/Kg (≤ 176 lb) ☐ 4 mg/Kg (max 420 mg) (177 lb – 352 lb)
☐ 540 mg (≥ 353 lb)

Per Dr. _____ written initiate order set (Note: Enter into CPOE)

Per Dr. _____ telephone/verbal initiate order set (Note: enter into Evident)

MD Signature: _____ **Date & Time:** _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4

Revised/approved by Director of Maternity Center: 07/29/2021

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