



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. ☐

Pre-op Medication For Elective Cesarean Section Order Set

1. Pepcid 20 mg Po 1½ hours prior to surgery
2. Bicitra 30 cc Po 30 minutes prior to surgery
3. Hydrate with 1000 cc IV LR within one hour before surgery

MD Signature: _____ Time & Date: _____

Please use Ball Point Pen ONLY

DO NOT USE: U IU QD QOD MS MSO4 MgSO4