

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)	INTRAVENOUS FLUID and MEDICATION ORDERS
<p>OB Post Cesarean Section Orders</p> <p>DATE: _____ TIME: _____</p> <p>Nursing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vital Signs and fundal checks every 15 minutes x 4; every 30 minutes x2; every hour x 2; then every 4 hours. <input type="checkbox"/> Siblings may visit during visiting time. <input type="checkbox"/> Foley catheter to bedside drain, notify provider if with low urine output(less than 120 ml in 4 hours). <input type="checkbox"/> Discontinue foley catheter 24 hours post-op, or the morning that follow, if night time.(if urine clear) <input type="checkbox"/> Remove incision dressing on second post-op day. <input type="checkbox"/> Rooming-in <input type="checkbox"/> Record Intake & Output x 24 hours <input type="checkbox"/> Call if Temperature is > 100.4° F, pulse < 60 or > 120, systolic BP < 90 or >150. <p>Diet:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NPO, sips of water PRN <input type="checkbox"/> May have clear liquids when tolerated. <input type="checkbox"/> Advance diet to regular as tolerated by post-op day one. <input type="checkbox"/> May have outside food once on a regular diet. <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Other: _____ <p>Laboratory:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CBC without differential in AM. <input type="checkbox"/> Other: _____ <p>Activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Up in chair after 6-12 hours and ambulate PRN <input type="checkbox"/> May shower (when ambulating well) <input type="checkbox"/> Other: _____ <p>Respiratory:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Incentive spirometer every 2 hours while awake x 24 hours <input type="checkbox"/> Other: _____ <p>Consults:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Social service consult if indicated. (Reason): _____ <input type="checkbox"/> Smoking Cessation Counseling if indicated. <input type="checkbox"/> Other: _____ 	<p style="color: red; font-weight: bold;">ALLERGY:</p> <p>IV Fluids:</p> <ul style="list-style-type: none"> <input type="checkbox"/> IV Ringer's Lactate or NS, 1000 ml at 125 ml/hour IV x 3L <input type="checkbox"/> Pitocin 20 units into first 1000 ml of IV fluids. <input type="checkbox"/> Keep heparin lock for 24 hours after last bottle of IV fluids, when tolerating P.O. well <p>Medications:</p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <input type="checkbox"/> Intraspinal Analgesia Given: Anesthesia 24 hour post-Cesarean Section intraspinal analgesia orders supersede all OB analgesia orders for 24 Hours. <input type="checkbox"/> Spinal/General anesthesia given: Analgesia orders below are effective immediately post-op </div> <ul style="list-style-type: none"> <input type="checkbox"/> See 24 hour Post-Cesarean Section Intraspinal Analgesia Orders <input type="checkbox"/> Hydromorphone (Dilaudid) 2 mg SQ every 4 hours X 24 hours, then 2 mg SQ every 4 hours PRN pain, scale 5 or greater. <input type="checkbox"/> Oxycodone-acetaminophen 5 mg-325 mg tab (Percocet) 2 tablets orally every 4 hours PRN pain, scale of 4 or less. <input type="checkbox"/> Tylenol 650 mg orally every 4 hours PRN temperature above 100. 8°F. <p>* maximum of four (4) grams acetaminophen in 24 hours</p> <p>Antiemetics:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Zofran 4 mg IV Every 6 hours PRN Nausea and Vomiting <p>Antiflatulents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Simethicone (Mylicon) 80 milligrams orally every 8 hours PRN for gas <p>Laxatives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Colace 200 mg by mouth at bedtime. <p>Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ferrous Sulfate 325 mg orally TID once on regular diet. <input type="checkbox"/> Prenatal Vitamins 1 tablet orally daily once on regular diet. <input type="checkbox"/> Anusol HC Cream topical QID PRN for hemorrhoids <input type="checkbox"/> Diphenhydramine (Benadryl) 25 mg PO every 4 hours PRN itching <p>Immunoglobulins:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rhogam 300 mcg IM once if mother is RH negative and baby is RH positive. <p>Immunization:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Measles, mumps and rubella vaccine on discharge if not immune or equivocal. <input type="checkbox"/> Other: _____ <p>Physician Signature: _____</p> <p>Date: _____ Time: _____</p>
<ul style="list-style-type: none"> ✓ Summary/Blanket orders are unacceptable. ✓ Medication orders must be complete. ✓ PRN medication orders must include an indication. ✓ Write legibly. ✓ Rewrite orders upon transfer and/or post-operatively. ✓ Date, time, and sign verbal & telephone orders within 48 hours. 	<p>DO NOT USE:</p> <ul style="list-style-type: none"> U MS IU MSO₄ Q.D. MgSO₄ Q.O.D. Trailing zero Lack of leading zero

PATIENT ID LABEL

Physician's Order Form - OB Post Cesarean Section Orders

Guam Memorial Hospital Authority