PHYSICIAN’S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

DATE: _______________ TIME: _______________

Labor & Delivery Scheduling Cesarean Section

Surgery is scheduled for:
Date: _______________ Time: _______________

Pre-Op assessment at GMH on:
Date: _______________ Time: _______________

No food or drink beginning midnight before your surgery.

At pre-op assessment:
☐ Register for pre-op at patient registration
☐ Diagnosis:
☐ Previous Cesarean Section
☐ Multiparity, desire for sterilization
☐ Breech presentation
☐ Gestational Diabetes
☐ Pregnancy Induced Hypertension
☐ Other: _______________________
☐ Consent for Primary low transverse cesarean section
☐ Consent for Repeat Low transverse cesarean section
☐ Consent for bilateral tubal ligation
☐ Surgeon for consent: house for the day
☐ NPO after midnight before surgery
☐ Vital signs, weight, FHT
☐ CBC, urinalysis
☐ Type and crossmatch 2 units packed RBC
☐ Other: _______________________

Date of admission: _______________________

Upon admission:
☐ Admit to GMH, OB Ward
☐ NPO
☐ Accucheck blood sugar on admission
☐ Vital signs, weight, FHT
☐ Mini-Prep after anesthesia
☐ Insert Foley catheter after anesthesia
☐ Knee high sequential compression devices (SCD or ALPS) in Operating room
☐ Other: _______________________

ALLERGY:

☐ Start IV LR, bolus 500 ml, then run at 125 ml/hr until surgery
☐ Ancef 2 gram IV stat within one hour of incision
☐ Clindamycin 900 mg IV stat within one hour of incision if allergic to Penicillins or Cephalosporins
☐ Sodium Citrate 30 ml by mouth on call to the operating room
☐ Other: _______________________

Physician/CNM: _______________________

Date: _______________ Time: _______________

DO NOT USE:
☐ U MS
☐ IU MSO4
☐ Q.D. MgSO4
☐ Q.O.D. Trailing zero
☐ Lack of leading zero

Physician’s Order Form - Scheduling Cesarean Section
Guam Memorial Hospital Authority
FORM#______ Stock #______