SOMC MATERNITY ORDERS: CESAREAN (PRE-OP)

HOSPITALIZATION:
☐ Inpatient - Patient is estimated to be in the hospital a minimum of 2 midnights.
   Reason: ____________________________
   Date: ____________________________
   Time: ____________________________

CODE STATUS: ☐ Full Code (Code Blue) ☐ DNRCC ☐ DNRCC-Arrest

LABS: (labs stat unless already obtained at triage)
☐ CBC ☐ U/A ☐ Urine drug screen (including Buprenorphine)

DIET:
☐ NPO

ALLERGIES: ☐ NKDA ☐ ____________________________

IV:
☐ Insert IV peripheral line; peripheral IV line care per protocol

NURSING:
ASSESSMENTS/INTERVENTIONS/MONITORING: (Check all that apply)
☐ Obtain finger stick on all Maternity Cesarean Section patients preoperatively. If the finger stick result is 201 or greater, initiate the 'Maternity Perioperative Sliding Scale Order'.
☐ FHT every 4 hours until draped
☐ Vital signs upon arrival and every 4 hours
☐ Insert 16 Fr Foley Catheter and discontinue after 12 hours

MEDICATIONS:
☐ Chlorhexidine gluconate (CHG) 2% wipes x 1 preop - for patient bath from neck to toes the morning of surgery
☐ MATERNITY Exparel Mix to be administered in surgery - notify pharmacy of surgery time
☐ Reglan 10 mg IV prn x 1 dose to be given prior to going to surgery as an antiemetic
☐ Bicitra 30 mL solution x 1 dose to be given prior to going to surgery to neutralize acid
☐ Zantac 50 mg/20 mL Syringe IVP prn x 1 dose to be given prior to going to surgery to reduce gastric acid

Provider:

DATE: _______  TIME: _______  SIGNATURE: ____________________________

Revised, Reviewed & Approved 10/16, OB/GYN Committee

Southern Ohio Medical Center

06/11/18

Provider's Orders
PRE-OPERATIVE ANTIBIOTICS: (Give within 60 minutes of incision)

☐ Ancef 2 grams IV for patients less than 120 kg
☐ Ancef 3 grams IV for patients greater than 120 kg
    If allergic to PCN or Ancef give;
    ☐ Cleocin 900 mg IV
    AND
    Gentamicin IV
    ☐ 280 mg (55-79 kg)
    ☐ 340 mg (80-109 kg)
    ☐ 400 mg (110 kg and above)
☐ (option if history of MRSA) Vancomycin 1 gram IVPB x 1

Maternity - Recovery from C-Section: Release from Recovery period when:
- PACU score of 12-18 with no zeros for transfer to regular nursing unit (score on arrival, every 5 minutes x 3, then every 15 minutes x 1 or until stable)
- Vital signs stable (on arrival, every 5 minutes x 3, then every 15 minutes x 1 or until stable)
- No excessive bleeding/clots
- Abdominal dressing dry/intact
- Epidural catheter removed
- Oriented
ROUTINE CONTINUOUS EPIDURAL AND PATIENT CONTROLLED
EPIDURAL ORDERS

Drug Allergy
Date
Hour

1. Infuse 1000ml's of IV fluids over 30 minutes immediately prior to epidural insertion.
   (Limit IV bolus to 500ml's if patient is PIH or Pre-Eclampsia)

   **Epidural Drip of:**

   2. 0.75% Marcaine 15ml
   0.9% NACL Preservative Free 80ml
   Fentanyl 5ml
   Rate of ____________

3. **CONTACT ANESTHESIA FOR TEMPERATURE OF 101°F OR ABOVE.**

4. Loading dose ______________ml

5. Patient Controlled - bolus dose _________ ml
   - bolus lockout time _______ minutes

6. 4 or 1 hour limit - yes or no
   4 hour limit ___________ ml
   1 hour limit ___________ ml

7. Discontinue epidural once recovery period is completed.

Provider: DATE:   TIME:   SIGNATURE:

Reviewed & Approved Dr. Schoettle 9/14

USE BALL POINT PEN ONLY

Good things are happening here
Southern Ohio Medical Center

□ South campus
   1248 Kenwood Lane
   Portsmouth, Ohio 45662

□ Main campus
   1805 27th St
   Portsmouth, Ohio 45662

Rev. J. Janney, PharmD/Order Set Team 05/10/2017
v05102017.2

Provider's Orders
MATERNITY

Pain Control

Your doctor or midwife will order pain medicine for you after your baby is born. This medicine will not eliminate all pain, but will help you with pain control.

The nurses will give you pain medicine as often as the doctor or midwife has ordered. Pain medications are different and some are ordered every 4 or 6 hours depending on what the medication is.

It is not always possible to keep you pain free after birth. Your doctor, midwife and the nursing staff want you to be as comfortable as possible. Everyone will work with you to keep your pain in control.

We will ask you to rate your pain level on a number scale of 1-10, with 1 being no pain, and 10 being the worst. The nurses will give you pain medicine as possible to try to keep your pain level at 5 or less.

The nurse will check you every hour during the day and every 2 hours at night.

Pain Rating Scale
SOMC MATERNITY POSTPARTUM ORDERS: CESAREAN DELIVERY

Drug Allergy
Date/Time

ALLERGIES: ☐ NKDA ☐

LABS IN AM:
☐ CBC ☐ Rhogam Evaluation

DIET:
☐ Clear liquid, then progress as tolerates, if no nausea and/or vomiting.
☐ Other: __________________________

ACTIVITY:
☐ As tolerated

NURSING:

ASSESSMENTS/INTERVENTIONS/MONITORING: (Check all that apply)
☐ Obtain a finger stick during the recovery period if the patient had an emergency surgery
☐ Obtain a finger stick during the recovery period on all postoperative Cesarean section patients that had a preoperative finger stick result of 201 or greater. Obtain a finger stick during the recovery period on all gestational diabetic patients. If the finger stick result is 201 or greater, initiate the Maternity Perioperative Humalog Sliding Scale Order
☐ Obtain a fasting finger stick post-op day #1 on all Cesarean section postoperative patients that had a finger stick of 201 or greater preoperatively. Obtain a fasting finger stick post-op day #1 on all gestational diabetic Cesarean section postoperative patients. If the finger stick result is 201 or greater, initiate the Maternity Perioperative Humalog Sliding Scale Order
☐ Administer Rhogam if needed as indicated per Rhogam evaluation results.
☐ Remove Foley catheter in am or 12 hours after surgery if urine is clear and output is adequate
☐ Notify provider if patient is unable to void for 8 hours after
☐ A-V foot pump

Release from recovery period when:
- PACU score of 7 or greater (score on admission, q 5 min x 3, then q 15 min x 1 or until stable)
- Vital signs stable (on admission, q 5 min x 3, then q 15 min x 1, or until stable)
- No excessive bleeding/clots
- Epidural catheter removed unless other procedure planned (if applicable)
- Oriented

Reviewed & Approved OB/GYN 4/15
Southern Ohio Medical Center
ppc
Rev. Order Set Team 05/18
v05212018.1

Provider:

DATE: ____________________ TIME: ___________ SIGNATURE: ___________ DOB: ___________

06/11/18

Provider's Orders
POST CESAREAN DELIVERY & RECOVERY MEDICATION OPTIONS:

☒ Patient may request a lesser potent medication to be administered per patient preference as ordered. (The dose must remain the same as ordered, unless medication is ordered as a range dose.)

☐ Opiate Free Post-Cesarean pain medication regimen:
Toradol 30 mg IVP every 6 hours for inflammation; for patients 17 years of age or older. Begin 3 hours after birth time for 6 doses (maximum).
   - Maximum of 120 mg/day or until IV removed.
   
   OR

Toradol 15 mg IVP every 6 hours for inflammation; for patients less than 17 years of age. Begin 3 hours after birth time for 6 doses (maximum).
   - Maximum of 120 mg/day or until IV removed.

Ofevmev 1000 mg IVBP q6h for surgical pain (1-10/10); (1st dose to be given at the start of recovery and then every 6 hours for 5 additional doses, maximum of 6 doses).
   - Maximum of 4gm/day or until IV removed

If pain medication is effective, once IV removed or IVP dose limit reached then:

Acetaminophen 650 mg po every 4 hours prn for pain (1-10/10)
   *Do not administer until 6 hours or greater after last Ofevmev administration

Toradol 10 mg po every 6 hours prn for inflammation
   - Maximum daily dose 40 mg/day

If pain medication is NOT effective 60 minutes after Toradol / Ofevmev administration (Opiate Free regimen), notify Provider for new orders and approval to discontinue active pain medications from patient profile

Mylicon 80 mg chew tab. Chew 2 tablets prn for gas.

☐ Routine Post-Cesarean pain medication regimen
Toradol 30 mg IVP every 6 hours prn for inflammation; for patients 17 years of age or older.
   - Maximum of 6 doses or until IV removed
   
   OR

Toradol 15 mg IVP every 6 hours prn for inflammation; for patients less than 17 years of age.
   - Maximum of 6 doses or until IV removed

Percocet 5/325 mg po 2 tablets every 4 hours prn for pain (1-10/10)
   - Until IV removed then discontinue medication.

Once IV removed, nurse to discontinue "Routine Post-Cesarean regimen" IV Pain medications from patient profile to include; Toradol IVP and Percocet for Pain 1 - 10/10

Morphine 2 mg IVP every two hours prn for mild breakthrough pain (1-3/10), if Toradol / Percocet ineffective after 60 minutes. If no IV access may administer IM

Morphine 4 mg IVP every two hours prn for moderate breakthrough pain (4-6/10), if Toradol / Percocet ineffective after 60 minutes. If no IV access may administer IM

Morphine 6 mg IVP every two hours prn for severe breakthrough pain (7-10/10), if Toradol / Percocet ineffective after 60 minutes. If no IV access may administer IM

Tylenol 650 mg po every 4 hours prn for mild pain (1-3/10) For administration only after IV removed.

Norco 7.5/325 mg 2 tablets po every 4 hours prn for moderate pain (4-6/10) For administration only after IV removed.

Percocet 5/325 mg 2 tablets every 4 hours prn for severe pain (7-10/10) For administration only after IV removed.

Motrin 600mg po every 6 hours prn for uterine cramping if Toradol is not being given

Provider:

DATE: 
TIME:
SIGNATURE:

06/11/18

Provider's Orders

Revised, Reviewed & Approved 10/16, CB/GYN Committee

Southern Ohio Medical Center

Rev. A. Lykins, RN/Order Set Team 05/18
v05222018.3

FTD2044
**SOMC Maternity - Cesarean Delivery & Recovery Medications Flowchart**

* The provider may not order/include all medications listed below. Review patient profile for available medications.
* Nurse may only advance to the next step in the progression if the previous treatment is ineffective.
* Once effective medication and dose is identified, nurse to continue with that medication and dose.

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### Post Cesarean Delivery Opiate Free Regimen

**Pain**

- **Toradol 30 mg IVP x 1 in recovery for inflammation**
  - For patients 17 years of age or older.
  - *Maximum of 120 mg/day*

  - **or**

- **Toradol 15 mg IVP x 1 in recovery for inflammation**
  - For patients less than 17 years of age.
  - *Maximum of 120 mg/day*

- **Ofirmev 1000 mg IV x 1 in recovery for surgical pain (1-10/10)**
  - To be given 1 hour after Toradol IVP.
  - *Maximum of 4 gm/day*

- **Toradol 30 mg IVP q6h for inflammation**
  - For patients 17 years of age or older. Begin 3 hours after birth time for 6 doses (maximum).
  - *Maximum of 120 mg/day or until IV removed*

  - **or**

- **Toradol 15 mg IVP q6h for inflammation**
  - For patients less than 17 years of age. Begin 3 hours after birth time for 6 doses (maximum).
  - *Maximum of 120 mg/day or until IV removed*

- **Ofirmev 1000 mg IVPB q6h for surgical pain (1-10/10)**
  - (1st dose to be given at the start of recovery and then every 6 hours for 5 additional doses (maximum of 6 doses).
  - *Maximum of 4 gm/day or until IV removed*

*If pain medication is effective, once IV removed or IVP dose limit reached then:*

- **Acetaminophen 650 mg po q4h prn for pain (1-10/10)**
  - *Do not administer until 6 hours or greater after last Ofirmev administration*

- **Toradol 10 mg po q6 prn for inflammation**
  - Maximum dose 40 mg/day

*If pain medication is NOT effective 60 minutes after Toradol / Ofirmev administration, (Opiate Free Regimen) notify Provider for new orders and approval to discontinue active pain medications from patient profile.*

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### Post Cesarean Delivery Routine Pain Regimen

**Pain**

- **Toradol 30 mg IVP q6h for inflammation**
  - For patients 17 years of age or older.
  - *Maximum of 6 doses or until IV removed*

  - **or**

- **Toradol 15 mg IVP q6h for inflammation**
  - For patients less than 17 years of age.
  - *Maximum of 6 doses or until IV removed*

- **Percocet 5/325 mg po 2 tablets q4h prn for pain (1-10/10)**
  - Until IV removed then discontinue medication.

*Once IV removed, nurse to discontinue "Routine Post-Cesarean regimen" IV pain medications from patient profile to include Toradol IVP and Percocet for pain (1-10/10)*

- **Morphine 2 mg IVP q2h for MILD Breakthrough Pain**
  - Pain level (1-3/10) if Toradol / Percocet ineffective after 60 minutes.
  - If no IV access may administer IM.

- **Morphine 4 mg IVP q2h for MODERATE Breakthrough Pain**
  - Pain level (4-6/10) if Toradol / Percocet ineffective after 60 minutes.
  - If no IV access may administer IM.

- **Morphine 6 mg IVP q2h for SEVERE Breakthrough Pain**
  - Pain level (7-10/10) if Toradol / Percocet ineffective after 60 minutes.
  - If no IV access may administer IM.

- **Tylenol 650 mg po q4h prn**
  - For mild pain level 1 - 3/10
  - For administration only after IV removal.

- **Norco 7.5/325 mg 2 tablets po q4h prn**
  - For moderate pain level 4 - 6/10
  - For administration only after IV removal.

- **Percocet 5/325 mg po 2 tablets q4h prn**
  - For severe pain level 7 - 10/10
  - For administration only after IV removal.

- **Motrin 600 mg po q6h prn for uterine cramping**
  - If Toradol is not being given

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**DOB: 06/11/18**