

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

**Southern Ohio
Medical Center**

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06/11/18

DOB:

matc
Rev. SOMC Pharmacy & Order Set Team 5/2018
V05212018.5



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

Provider:

DATE:	TIME:	SIGNATURE:
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Provider's Orders

**ROUTINE CONTINUOUS EPIDURAL AND PATIENT CONTROLLED
EPIDURAL ORDERS**

[RCEO]

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

Very Good things are happening here
Southern Ohio Medical Center

South campus
1248 Kinneys Lane
Portsmouth, Ohio 45662

Main campus
1805 27th St
Portsmouth, Ohio 45662

06/11/18

DOB:

rceo
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

DOB:

SOMC MATERNITY POSTPARTUM ORDERS: CESAREAN DELIVERY

Drug Allergy _____

Date/Hour _____

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

Provider:

DATE:	TIME:	SIGNATURE:
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DOB:

Reviewed & Approved OB/GYN 4/15

06/11/18

**Southern Ohio
Medical Center**

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ppc
Rev. Order Set Team 05/18
v05212018.1



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.

Ofirmev 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 Ofirmev 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 / Ofirmev 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:

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

06/11/18

DOB:

**Southern Ohio
Medical Center**

Where things are happening here

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



Provider's Orders

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

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 x1 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.

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

DOB:

06/11/18

