

**IF YOU RECEIVED THIS FAX IN ERROR,
PLEASE CALL 604-806-8886 IMMEDIATELY**



PRESCRIBER'S ORDERS

NO DRUG WILL BE DISPENSED OR
ADMINISTERED WITHOUT A COMPLETED

CAUTION SHEET

ALLERGY/INTOLERANCE STATUS FORM (PHC-PH047)

DATE
AND TIME

CESAREAN SECTION PRE-OPERATIVE ORDERS

(Items with tick boxes must be selected to be ordered)

Pre-Admission

LABORATORY AND DIAGNOSTIC TESTS:

- | | | | | |
|---|--------------------------|------------|--------------------------|-----------------|
| CBC | <input type="checkbox"/> | Creatinine | <input type="checkbox"/> | Glucose random |
| Type and Screen | <input type="checkbox"/> | Urea | <input type="checkbox"/> | Glucose fasting |
| <input type="checkbox"/> PTT | <input type="checkbox"/> | Albumin | <input type="checkbox"/> | Urinalysis |
| <input type="checkbox"/> INR | <input type="checkbox"/> | LDH | <input type="checkbox"/> | Urine for C&S |
| <input type="checkbox"/> Electrolytes (Na, K, Cl, CO ₂) | <input type="checkbox"/> | AST, ALT | | |
| <input type="checkbox"/> ECG | | Other: | | |

CONSULTS:

- Anesthesia
 Pediatrics
 Acute Pain Service
 Other:

Printed Name _____ Signature _____ College ID _____ Pager _____

Admission

ADMIT TO 3MC UNDER _____ Date of Admission: _____

DIAGNOSIS Cesarean section Reason: _____

ACTIVITY: Activity as tolerated
 Other:

DIET: NPO
 Other:

INTRAVENOUS: sodium chloride 0.9% at 125 mL/hour
 Other _____ at _____ mL/h

MONITORING: BP, HR, RR, and Temperature 1 hour pre-op *OR* Q _____ H
 Fetal Heart Auscultation within 1 hour pre-op

MEDICATIONS: ranitidine 150 mg PO 60 minutes pre-operatively (*Routine management*)
 sodium citrate 30 mL PO on call to the OR
(Consider for Code Pink and urgent and/or emergency cesarean sections)

Thromboprophylaxis: (based on Risk Assessment – Form No. OB108)
 none
 Calf-length graduated compression stockings (SCD) until discharge or ambulation
 if patient receiving heparin or dalteparin, discontinue 12 hours prior to OR

Antibiotic Prophylaxis: (select one)
 ceFAZolin 2 g IV by anesthesia prior to incision *OR*
 If penicillin/cephalosporin allergy, clindamycin 900 mg IV by anesthesia prior to incision
 Other:

Printed Name _____ Signature _____ College ID _____ Pager _____

