Regional Pre-Printed Orders for Cesarean Section - Pre-operative

• Clear fluids until 3 hours pre-op, then NPO
• Primary IV:  □ Lactated Ringer's  □ Sodium Chloride 0.9%
  ▪ Adjust rate to maintain total IV intake at maximum: □ ________ mL/h  OR  □ 150 mL/h
• Insert Foley catheter
• CBC

□ Group and screen (recommended for patients at risk of peripartum hemorrhage - see back page)
□ ranitidine 50 mg IV one hour pre-op  □ ranitidine 150 mg PO two hours pre-op with a sip of water
□ metoclopramide 10 mg IV or PO with sip of water one hour pre-op
□ sodium citrate 30 mL PO within 30 minutes of surgical start

Antibiotics: All infusions to be administered on-call to OR (within 30 to 60 minutes of surgical start)

Cesarean section elective or non-elective and low risk of developing postpartum infection
□ ceFAZolin 2000 mg IV
  OR if penicillin and/or cephalosporin allergy
□ clindamycin 900 mg IV

Cesarean section high risk of developing postpartum infection (see back page)
□ ceFAZolin 2000 mg IV plus metroNIDAZOLE 500 mg
  OR if penicillin allergy and/or cephalosporin allergy
□ clindamycin 900 mg IV plus gentamicin (2 mg/kg) ________ mg IV

Current weight: ________ kg (Prescriber must calculate weight based gentamicin dose if ordered)

Time antibiotic started: __________

DRUG & FOOD ALLERGIES

□ Mandatory  □ Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.

• NPO for solids after midnight
• Clear fluids until 3 hours pre-op, then NPO
• Primary IV: □ Lactated Ringer's  □ Sodium Chloride 0.9%
  ▪ Adjust rate to maintain total IV intake at maximum: □ ________ mL/h  OR  □ 150 mL/h
• Insert Foley catheter
• CBC

□ Group and screen (recommended for patients at risk of peripartum hemorrhage - see back page)
□ ranitidine 50 mg IV one hour pre-op  □ ranitidine 150 mg PO two hours pre-op with a sip of water
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Current weight: ________ kg (Prescriber must calculate weight based gentamicin dose if ordered)

Time antibiotic started: __________
### Pregnancy Conditions:
- Placenta previa
- Placental abruption
- Placenta accreta/ increta/ percreta
- History uterine atony/ PPH
- Prior manual removal of placenta
- Chorioamnionitis
- Multiples

### Medical Indications:
- Active bleeding from any source
- Coagulopathy
- Thrombocytopenia (platelets less than $100 \times 10^3$
- Anemia (hemoglobin less than 100 gm/L in 3rd trimester)
- Morbid obesity (pre-pregnant BMI greater than 40)
- Known difficult crossmatch/ antibodies

### Surgical Indications:
- Two or more previous cesarean sections
- Prior uterine surgery/ myomectomy
- Large uterine fibroids

This is a descriptive reminder rather than a prescriptive list of indications for ordering type and screen. Physicians, midwives, and registered nurses should use good clinical judgment, knowledge of the patient and her clinical condition to make responsible decisions regarding ordering type and screen.

### Cesarean section high risk of developing postpartum infection:
- Active labour
- Rupture of membranes over 6 hours
- Maternal fever
- Failed forceps or vacuum

### Timing of antibiotic prophylaxis
- Optimal time for administration of preoperative antibiotics is within 60 minutes before surgical incision to protect against bacterial contamination of the surgical site and decrease the risk of infection
- Single-dose prophylaxis is usually sufficient. Additional intraoperative doses may be warranted for patients with:
  - Excessive blood loss
  - Procedure duration exceeding the recommended redosing interval from the time of initiation of the preoperative dose (repeat ceFAZolin Q4H; repeat clindamycin Q6H)

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**NOT VERIFIED by Pharmacy**  
**MAR content MUST BE verified for accuracy by comparing with the original order BEFORE using**

<table>
<thead>
<tr>
<th>MEDICATION and DIRECTIONS</th>
<th>ADMINISTRATION TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ranitidine inj</td>
<td></td>
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<tr>
<td>50 mg IV 1 hour pre-op</td>
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<tr>
<td>Or see alternate PO order on MAR.</td>
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<tr>
<td>ranitidine tab</td>
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<tr>
<td>150 mg PO 2 hours pre-op with a sip of water</td>
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<tr>
<td>Or see alternate IV order on MAR.</td>
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<td>metoclopramide inj</td>
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<td>10 mg IV 1 hour pre-op</td>
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<td>sodium citrate oral liq</td>
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<td>30 mL PO</td>
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<td>Within 30 minutes of surgical start</td>
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<tr>
<td>ceFAZolin inj</td>
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<td>2000 mg IV on-call to OR</td>
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<tr>
<td>SCHEDULED MEDICATIONS</td>
<td>MEDICATION and DIRECTIONS</td>
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<tr>
<td>clindamycin inj</td>
<td>900 mg IV on-call to OR</td>
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<tr>
<td>metroNIDAZOLE inj</td>
<td>500 mg IV on-call to OR</td>
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<tr>
<td>gentamicin inj</td>
<td>2 mg/kg mg IV on-call to OR</td>
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