

Pre-Procedure Physician Orders – Obstetrics ESR

Authorization is given to dispense the generic equivalent NAME: _____

DOB: _____

Patient Status:

☐ Admit to Inpatient Status: _____ (medical reason).

☐ Place patient in Outpatient Status: _____ (medical reason).

☐ Place patient in Outpatient Status and begin observation services: _____ (medical reason).

Location: _____ Assign to Physician _____

☐ I certify that the ordered level of care is based on Medical Necessity as documented within this medical record.

42 CFR Section 456.60 – Certification/Recertification

Diagnosis:

Allergies: _____ Date of Surgery _____

Consent for:

Labs/Dx tests are available at _____ office.

CPT Codes: _____

Day of Procedure:

☒ CBC W/DIFF [] BMP [] FETAL SCREEN [] UA reflex

☒ Type and Screen

[] other: _____

☒ Pre-Admit Baby

☒ Fetal Monitoring

☒ Surgical Prep

☒ Bladder Management – Urinary Catheter – Peripartum

☒ Chlorhexidine Bath Pre-op

[] Povidone-iodine vaginal prep

☒ ESR-Carbohydrate beverage, ONLY if non-diabetic. If diabetic, give clear liquids.

☒ No solid food after midnight. Clear liquid diet up to 2 hours prior to surgery.

☒ Insert IV.

[] Activity - _____

[] Other _____

*Physician Signature: _____ *Date: _____ *Time: _____

*Physician Name (BLOCK LETTERS): _____

*Patient Name: _____ *DOB: _____

*Required Information



HCA Florida
St. Lucie Hospital

PRE-PROCEDURE PHYSICIAN ORDERS - OBSTETRICS



Patient Identification / Label

Pre-Procedure Physician Orders – Obstetrics ESR

VTE Prophylaxis:

☒ Intermittent pneumatic compression devices (SCD'S)

☐ VTE Prophylaxis contraindicated due to _____

☐ Lovenox 40 mg SUBQ once

Medications

☐ Lactated Ringers IV at 125 ml/hr

☒ Acetaminophen 975 mg PO with sips of water in pre-op holding

☒ Bicitra Solution 30 ml PO within 15 minutes of surgery

☐ Reglan 10 mg IV once

Antibiotic Prophylaxis

☐ Cefazolin (Ancef/Kefzol) 2 gram IVPB within 60 minutes of incision.

☐ Cefazolin (Ancef/Kefzol) 3 gram IVPB within 60 minutes of incision.

If Beta Lactam Allergy: order both Clindamycin and Gentamicin

☐ Clindamycin 900mg IVPB within 60 minutes of incision.

☐ Gentamicin 100mg IVPB within 60 minutes of incision.

Post-partum Hemorrhage

☒ Oxytocin 30 units/500 ml IV PRN as directed Post-partum Hemorrhage Stage 1

☒ Tranexamic Acid 1000 mg/100 ml NS IV PRN as directed Post-partum Hemorrhage Stages 1 and 2

☒ Methergine 0.2 mg IM PRN as directed Post-partum Hemorrhage Stage 1

☒ Hemabate 250 mcg IM PRN as directed Post-partum Hemorrhage Stage 2

☒ Cytotec 800 mcg RECTAT PRN as directed Post-partum Hemorrhage Stage 2

☒ Pitocin 10 units IM once prn Post-partum Hemorrhage (NO IV)

Other

☒ Brethine 0.25 mg SUBQ once PRN (Emergent: Stop uterine contraction)

☐ Other _____

☒ Anesthesia Consult

☐ Other _____

*Physician Signature: _____ *Date: _____ *Time: _____

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