BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

ORD

PHYSICIAN'S ORDERS

Allergies: See Master Allergy Sheet

ORDERED		ELECTIVE CESAREAN ADMISSION ORDERS	TIME ORDER NOTED
Date	Time		
		1. Admit to Mother/Baby Unit	
		2. DX: Term pregnancy, elective cesarean	
		3. Condition stable	
		4. NPO	
		5. Bed rest with bathroom privileges	
		6. Vital signs 4 times daily FHT	
		7. Lab: CBC with diff, RPR, UA, Type and Screen, PT, PTT, indirect Coombs	
		8. Operative permit for Cesarean Section (and tubal if desires)	
		9. Insert Foley catheter	
		10. Prep abdomen	
		11. IV D5LR 125 ml/hr	
		12. Pre-Op per anesthesia	
		13. Preload patient with 1000 ml LR for spinal anesthesia.	
		14. Pediatrician –	
		Physician Signature: _____ Date/Time: _____	
		Dr. J.L. Holzhauer	

▼ Addressograph / Patient Label ▼

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ELECTIVE CESAREAN ADMISSION ORDERS