BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

ORD

PHYSICIAN'S ORDERS

ALLERGIES: See Master Allergy Sheet

ORDERED Date	ORDERED Time	PRE-OP CESAREAN SECTION	TIME ORDER NOTED
		☐ 1. Admit to services of: _____	
		☐ 2. Contact Anesthesia Dept. for pre-op medication order	
		☐ 3. Abdominal shave prep	
		☐ 4. Foley catheter to closed drainage	
		☐ 5. Labs (unless previously done): CBC, Type and Screen, PT, PTT	
		☐ 6. Notify Pediatrician	
		☐ 7. NPO	
		☐ 8. Start IV of 1000 ml Lactated Ringers, and infuse 500 ml within one-half hour of surgery	
		☐ 9. Antibiotics: _____ at cord clamp	
		☐ 10. NST on admission	
		☐ 11. Morphine Sulfate Preservative Free (Duramorph) for spinal anesthesia if approved by anesthesiologist	
		Physician Signature: **Date/Time:**	

▼ Addressograph / Patient Label ▼

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