

**PREPRINTED ORDERS  
CESAREAN SECTION  
Scheduled or Unscheduled**

Original Date	11/2005	Revision Date	11/2009	Withdrawn Date	
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**Date and Time C-Section Ordered:** \_\_\_\_\_

Admission Diagnosis: \_\_\_\_\_

1. Diet: NPO
2. External Electronic Fetal Monitor (30 minute record for scheduled c-sections)
3. Surgical Permit
4. Foley catheter to gravity drainage
5. IV # 18 needle with LR 1000ml Bolus then 125ml/hr (check with physician before giving bolus if patient has hypertension or other contraindication to fluid bolus)
6. Sage wipes
7. Shave patient (Pubis to Umbilicus)

**Lab:**

- CBC if not already done
- UA, UC if indicated if not already done
- Type and Screen if not already done
- Rubella titer if not already done (may draw and run first post-partum day if emergency)
- Hepatitis B screen if not already done (may draw and run first post-partum day if emergency)

**POST PARTUM**

1. MMR vaccine prior to discharge if patient is non-immune and is not contraindicated
2. RHOGAM if patient is RH negative and is indicated

**Pharmacy Orders:**

1. Lansinoh cream to nipples if nursing PRN discomfort
2. Tucks to hemorrhoids PRN discomfort
3. Milk of Magnesia 30ml PO daily prn constipation- after patient taking fluids
4. Docusate Sodium (Colace) 100mg PO daily prn constipation
5. Prenatal Vitamin 1 (one) tablet orally daily after patient taking orals.

REFER TO SURGEONS POST OP ORDERS FOR ADDITIONAL DIRECTIONS FOR PATIENT CARE.

\_\_\_\_\_  
Physician Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_:\_\_\_\_  
Time

PATIENT STICKER

### C-Section Progress Notes

- Prior uterine incision \_\_\_\_\_
- Failure to progress \_\_\_\_\_
  - No change in station, dilation, and effacement (after cervix is dilated 4 cm) within 2 hours despite contractions lasting 45 – 50 seconds every 3 minutes.
- Non-reassuring fetal heart rate pattern: \_\_\_\_\_
- Failed oxytocin/prostaglandin induction with favorable cervix.
- Malpresentation:
  - Breech  Persistent Brow
  - Transverse Lie  Face Presentation
  - Shoulder
- Fetal Disproportion
- Abruptio Placenta:
  - Placenta Previa  Porlapsed Umbilical Cord
- Cervix Unfavorable for induction and one of the following:
  - Preclampsia (elevated BP and one other finding)
  - Edema  Weight Gain >5 lbs in one week
  - Chrinoic HT (preexisting)
  - ROM w/o spontaneous labor
  - Nonreassuring fetal heart rate pattern by fetal heart rate monitor
  - IUGR (minimal / no growth or worsening BPP)
- Multiple gestation
- Fetal Anomalies
- Mother terminally ill and fetal heart beat present
- Uterine rupture
- Other Maternal Factors:
  - Seizure activity  HELLP syndrome  DIC
  - Invasive Cervical Cancer
  - Condylomata acuminata (obstructing)
  - Active genital herpes  Maternal HIV Infection
  - Vasa Previa
- Other \_\_\_\_\_

**2008 Terminology**

*Uterine Contractions*

- Normal: <5 contractions in 10 minutes averaged over a 30 minute window
- **Tachysystole**: >5 contractions in 10 minutes averaged over a 30 minute window.
- Tachysystole should always be qualified as to the presence or absence of associated FHR decelerations
- The term tachysystole applies to both spontaneous and stimulated labor
- The terms **hyperstimulation** and **hypercontractility** are not defined and should be abandoned.

*Interpretation of FHR patterns*

**Category I:** Category I FHR tracings are normal and include all of the following:

- Baseline rate: 110-160 bpm
- Baseline FHR variability: moderate
- Late or variable decelerations: absent
- Early decelerations: present or absent
- Accelerations: present or absent
- They are strongly predictive of normal fetal acid base status at the time of observation.
- They may be followed in a routine manner, and no special action is required

**Category II:** Category II FHR tracings are indeterminate and include all FHR tracings not categorized as Category I or Category III. Category II tracings may represent an appreciable fraction of those encountered in clinical care. Examples of Category II FHR tracings include any of the following:

- Baseline rate
  - Bradycardia not accompanied by absent baseline variability
  - Tachycardia
- Baseline FHR variability
  - Minimal baseline variability
  - Absent baseline variability not accompanied by recurrent decelerations
  - Marked baseline variability
- Accelerations
  - Absence of induced accelerations after fetal stimulation
- Periodic or episodic decelerations
  - Recurrent variable decelerations accompanied by minimal or moderate baseline variability
  - Prolonged deceleration >2 but <10 minutes
  - Recurrent late decelerations with moderate baseline variability.
- Variable decelerations with other characteristics such as slow return to baseline, 'overshoots' or 'shoulders'.
  - They are not predictive of abnormal fetal acid base status, yet there is not adequate evidence at present to classify these as Category I or III.
  - They require evaluation and continued surveillance and reevaluation, taking into account the entire associated clinical circumstances.

**Category III:** Category III FHR tracings are abnormal and require prompt evaluation. They include either:

- Absent baseline FHR variability and any of the following:
  - Recurrent late decelerations
  - Recurrent variable decelerations
  - Bradycardia
- Sinusoidal Pattern

In a recent webinar presentation, Dr. Roger Freeman summarized the current management recommendations as follows:

- Category I Patterns: No intervention indicated
- Category II Patterns:
  - May continue to observe if moderate FHR variability and or accelerations spontaneous or induced
  - Unclear how to manage equivocal patterns with decreased variability and absence of accelerations
- Category III Patterns: Demand successful correction or delivery

\_\_\_\_\_  
Physician Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_\_\_  
Date Time

<b>PATIENT STICKER</b>
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