



Last Admit Date:

ROUTINE C-SECTION ADMISSION ORDERS

DIAGNOSIS

ADMIT TO Dr. _____ (with Dr. _____ covering) Hospitalist

STATUS Referred for Observation Inpatient OPS Expected LOS > two midnights YES NO Unknown

MEDICAL NECESSITY DATA
(S&S, LAB/XRAY REPORTS etc)

SERVICE Medical Surgical ICU/IMCU WH OB/GYN Pediatrics Ortho

CONDITION Stable Guarded Poor Critical Continue DNR

CONSULT Dr. _____ Done Page on Arrival Page in AM

CONTACT MD For any question/problems In AM w/ room # On arrival to floor Further Orders

DIET NPO

VITALS Routine vital signs

NURSING
Continuous Fetal Monitor
 Foley Catheter to BS drainage – may use 1% xylocaine _____
 Foley Catheter inserted in OR
SCDs in OR

IVF Mainline IVF with 18 gauge LR at 125ml/hr

LAB
 CBC with Diff
 Type & Screen
 Urine with Micro

MEDICATION ORDERS
Bicitra 30ml PO prior to OR
GBS prophylaxis if indicated
Give Pre-Op Antibiotic in OR _____

Physician Offices–
For the most updated form please visit
www.coffeeregional.org and
print from the "For Our Physicians" link.

Patient Name and DOB