



C-section Clinical Protocol

PRE-OPERATIVE		
Medications Tylenol 975mg Sodium Citrate 30 mL 500mL-1L NSS Cefazolin 2gm (3g if >120kg) Gentamicin and Clindamycin if PCN allergy	Block None	Lines 1 18g IV pre-induction



INTRA-OPERATIVE		
Induction – SPINAL/CSE <input type="checkbox"/> Zofran 4mg <input type="checkbox"/> Start Phenylephrine infusion @ 50 mcg/min on arrival to OR <input type="checkbox"/> Duramorph 100mcg <input type="checkbox"/> Decadron 4mg	Intraoperative: SPINAL/CSE <input type="checkbox"/> Phenylephrine Infusion <input type="checkbox"/> Oxytocin 30 units/ 500 mL @ 250 milliunits/min up to 400 milliunits/min after baby do no delay for cord clamping	Emergence: SPINAL/CSE <input type="checkbox"/> Ketorolac 30mg (check with surgeon) <input type="checkbox"/> Maintain oxytocin infusion into post-partum
Induction – GA <input type="checkbox"/> Consider RSI <input type="checkbox"/> Propofol <input type="checkbox"/> Succinylcholine <input type="checkbox"/> No narcotic until after delivery <input type="checkbox"/> Zofran 4 mg <input type="checkbox"/> Decadron 4 mg	Intraoperative: GA <input type="checkbox"/> Maintain with Sevo <input type="checkbox"/> Oxytocin 30 units/ 500 mL @ 250 milliunits/min up to 400 milliunits/min after baby do not delay for cord clamping <input type="checkbox"/> Titrate opioids after baby <input type="checkbox"/> Muscle Relaxation optional	Emergence: GA <input type="checkbox"/> Ketorolac 30 mg (check with surgeon) <input type="checkbox"/> Maintain oxytocin infusion into post-partum <input type="checkbox"/> Consider TAP blocks
Induction – Epidural <input type="checkbox"/> Titrate 15-20 mL 2% Lidocaine OR 15-20 mL OR 3% Chloroprocaine <input type="checkbox"/> Zofran 4 mg <input type="checkbox"/> Decadron 4 mg	Intraoperative: Epidural <input type="checkbox"/> Duramorph 3mg via epidural after baby <input type="checkbox"/> Oxytocin 30 units/ 500 mL @ 250 milliunits/min up to 400 milliunits/min after baby do not delay for cord clamping	Emergence: Epidural <input type="checkbox"/> Ketorolac 30 mg (check with surgeon) <input type="checkbox"/> Maintain oxytocin infusion into post-partum <input type="checkbox"/> Remove epidural and document tip is intact



POST-OPERATIVE		
	<input type="checkbox"/> CRNA or MD must stay with patient if phenylephrine gtt running post-op	<input type="checkbox"/> Complete Handoff form

Case Specifics:

- Communicate with surgeon regarding plan about Magnesium, if running
- Boggy Uterus Treatments per Surgeon Request:
 - Increase Oxytocin to 400 milliunits/min
 - Methergine (in drug tray)
 - 0.2 mg IM
 - Avoid in pre-eclampsia, CVA, HTN
 - Hemabate (From fridge - circulator will obtain this for you)
 - 250 mcg IM up to 2 mg Q15 MINS
 - avoid in reactive airway, asthmatics, bronchospasms
 - Misoprostol
 - given sublingual/rectal/vaginal (Usually given by surgical team)
 - 600mg -1000mg
 - TXA (in drug tray)
 - 1000mg over 10 minutes IV up to 2 doses Q30 mins apart
 - Caution in patients with seizures, active thromboembolic disorder, renal failure, acute subarachnoid hemorrhage

OB Contacts:

- Anesthesia Tech Day X7983, Evenings/Nights X7985
- Pharmacy 2983
- Bloodbank 1819 (Tube station 11 for blood)
- Anesthesia Cart 1-4-4-1
- Bread Box 1-3-5