MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*	ISSUANCE DATE
ADMISSIONS NAVHOSPPNCLAINST 6010.9W	03 Dec 2012

LOCAL FORM TITLE *(Optional)*
OB/GYN - CESAREAN SECTION ADMISSION ORDERS

Date: _____ Time: _____

1. **Admission Service:** OB
2. **Diagnosis:** PUND
3. **Allergies:** _____
4. **Vital Signs:** Per protocol
5. **Diet:** NPO
6. **Activity:** as tolerated
7. LR 1000ml at 125ml/hr
8. **LABS:** ☐ CBC ☐ Urinalysis ☐ RPR
   ☐ T&S if RH neg, VBAC, C-Section, Previa, know antibodies, or no hx NHP blood typing
9. **Medications:**
   ☐ Ancef 1 gm IVPB on call to OR. (Infuse over 30 minutes)
   ☐ Ancef 2 gm IVPB on call to OR. (Infuse over 30 minutes)
10. Foley to gravity
11. Continuous electronic monitoring
12. Record Intake and Output ☐ Q 2 hours ☐ Q shift
13. **Call MO if**: SBP > 160 OR < 110 DBP > 90 or < 50

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	