

## ERAS for C-Section (Intraoperative Guide)

These protocols are in effect for both elective sections and intra-partum sections

- 1) Confirm NPO status & allergies
- 2) Consent
- 3) Follow-up on preop labs
- 4) Sodium Citrate 30mL for high risk patients
- 5) If patient has an epidural, use 2% lidocaine with 5mcg/mL epi, 5 mL q 5 min apart  
Or 3% chloroprocaine 5mL/ q 5 min apart until adequate level reached. Preferably use lido as you can then give duramorph, 3mg through the epidural
- 6) Place maintenance IVF through Braun pump if not already
- 7) Upon entering OR, place monitors as usual, hook up phenylephrine gtt (start 0.5mcg/kg/min)
- 8) 150 mcg duramorph for spinal, 1.4-2mL bupivacaine, based on clinical assessment (no fentanyl)
- 9) After placement of spinal and patient positioned with left uterine displacement, place EKG leads
- 10) Ondansetron 4mg
- 11) Antibiotics
  - a. Antibiotic: Cefazolin 2g (3g if >120kg) PCN allergic : clindamycin 900mg IV + gentamicin 1.5mg/kg IV azithromycin 500mg IV over 1 hr. for intrapartum sections
- 12) Assess level (T4-T6). If inadequate, give a "top up" spinal. If still inadequate, induce GA
- 13) After cord clamped, begin oxytocin. Use the oxytocin bag from the nurses, do not make your own. Program the Braun pump with the "Oxytocin PP" setting from the "floor" menu, and use 300 mL/hr. After 2 minutes ask OB team about uterine tone. Once the fascia is closed, the post-partum rate is to be used, so change the pit to 95mL/hr.
- 14) DO NOT bolus oxytocin. Get a 1mL syringe with 1 vial of oxytocin and have it available. 2 units max at a time if tone is inadequate after assessment
- 15) As they get closer to skin closure, give IV acetaminophen 1g, and confirm with the OB staff about Toradol: 30mg if no contraindication