

Cesarean Section Cheat Sheet

Setup Checklist

- ☐ Spinal kit
- ☐ +/- epidural bolus meds
- ☐ Phenylephrine gtt
- ☐ Uterotonics
- ☐ Oxytocin infusion
- ☐ Nasal cannula
- ☐ Backup video-scope

Preop	Aspiration prophylaxis: sodium citrate/citric acid + famotidine ☐ T/S
Access	PIV x1 (additional access for hemorrhage)
Neuraxial anesthesia	Spinal vs bolus existing epidural <i>CSE for complex repeat C/S</i> Start phenylephrine gtt
Position	Tilted onto left side (minimize caval compression)
Post-Delivery	Empiric oxytocin infusion (30 units/1L bolus) Assess uterine tone & bleeding
Intraoperative Considerations	• Pre-eclamptic patients: SBP < 160 (stroke risk), judicious IVF (pulmonary edema risk), continue mag gtt

Neuraxial Dosing

Spinal Dose

1.5 cc's 0.75% bupivacaine	2-3 hr
+	
125 mcg IT morphine	18-24 hr
+	
25 mcg IT Fentanyl	

Epidural Dose

~20 cc 3% 2-chloroprocaine*	45-60 min
or	
~20 cc 2% lidocaine*	1-2 hr
+	
4 mg morphine	~10 hr
+	
fentanyl 50-100 mcg	

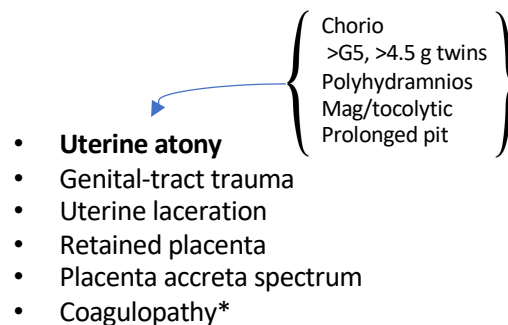
*Bolus Rate

- **Urgent: 5 cc aliquots**
- **Emergent: 20 cc's**

General Anesthesia Considerations

- Ensure OB team prepped for C/S
- 6.0 ETT available
- RSI induction
- Avoid narcotic before delivery
- Consider TIVA (inhaled anesthetics impair uterine tone)

Post-Partum Hemorrhage DDX



*fibrinogen < 200 with bleeding = 100% PPV for severe PPH

Uterotonic Medications

Oxytocin (Pitocin)	30 U in 1L crystalloid	Bolus = hypotension Prolongs QTc
Methylergonovine (Methergine)	0.2 mg IM Q2-4H x1 max	Cl'd in hypertension, PreE (vasoconstriction → stroke)
Carboprost (Hemabate)	0.25 mg IM Q15min x2 max	Bronchoconstriction
Misoprostol (Cytotec)	600-1000 mcg 1. Intrauterine 2. Buccal/rectal	Hyperthermia

Failed Neuraxial

Partial ("patchy") spinal	• Elective: place epidural, gradually dose • Emergent: consider GA <i>Avoid redosing spinal anesthesia</i>
Spinal with no block	Wait 20 minutes, redose spinal
Inadequate epidural anesthesia	Replace epidural and re-dose <i>Do NOT perform spinal</i>
Spinal wearing off during surgery	Augment with low dose sedatives

! AVOID spinal dose after epidural bolus (risk of high spinal) !