# 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<br>☐ T/S |
| Access | PIV x1 (additional access for hemorrhage) |
| Neuraxial anesthesia | Spinal vs bolus existing epidural<br>*CSE for complex repeat C/S*<br>Start phenylephrine gtt |
| Position | Tilted onto left side (minimize caval compression) |
| Post-Delivery | Empiric oxytocin infusion (30 units/1L bolus)<br>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% bupi<br>+<br>125 mcg IT morph<br>+<br>25 mcg IT Fent | *2-3 hr*<br><br>*18-24 hr* |

### Epidural Dose

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

***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

- **Uterine atony**
  - Chorio
  - >G5, >4.5 g twins
  - Polyhydramnios
  - Mag/tocolytic
  - Prolonged pit
- Genital-tract trauma
- Uterine laceration
- Retained placenta
- Placenta accreta spectrum
- Coagulopathy*

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

## Uterotonic Medications

| | | |
|---|---|---|
| **Oxytocin** (Pitocin) | 30 U in 1L crystalloid | Bolus = hypotension<br>Prolongs QTc |
| **Methylergonovine** (Methergine) | 0.2 mg IM Q2-4H *X1 max* | Cl'd in hypertension, PreE<br>(vasoconstriction → stroke) |
| **Carboprost** (Hemabate) | 0.25 mg IM Q15min *x2 max* | Bronchoconstriction |
| **Misoprostol** (Cytotec) | 600-1000 mcg<br>1. Intrauterine<br>2. Buccal/rectal | Hyperthermia |

## Failed Neuraxial

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

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