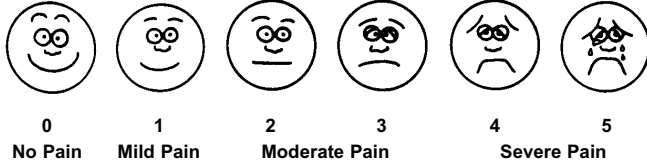




Room #: _____ Patient Weight: _____ kg

Patient's Allergies & Reaction (nursing)

PAIN SCALE



WARNING: DO NOT USE ABBREVIATIONS

- U, u
- IU
- Q.D, QD, q.d., qd
- Q.O.D, QOD, q.o.d., qod
- Trailing zero (X.0mg)
- Lack of leading zero (.Xmg)
- Any medication

PRE-OP OPHTHALMIC ORDERS

ALL OTHER ORDERS

Date _____ Time _____

Diagnosis:

MEDICATIONS

Intended Procedure:

Check BP before administering eye gtts. If BP > 180/90 refer to Hypertension Algorithm and notify anesthesiologist.

Allergies & Reactions:

Check Box for designated eye(s)

Proparacaine 0.5% Oph Sol OD OS OU
1 gtt x 1

Past Medical History: (for maintenance meds & nursing care)

Moxifloxacin 0.5% Oph Sol OD OS OU
1 gtt x 1

Flurbiprofen 0.03% Oph Sol OD OS OU
1 gtt Q 5 minutes x 2

ORDERS:

Diet: NPO

Coll 3 & 38 1/4 strength Oph Sol OD OS OU
1 gtt Q 5 minutes x 3

Void on call to O.R.

Pre-operative Point of Care Blood Glucose

Phenylephrine 5%/Tropicamide 0.8% Oph Sol
 OD OS OU 1 gtt Q 5 minutes x 3

Other

Other

Ophthalmic Block OD OS

Retrobulbar Block by surgeon/fellow

Peribulbar Block by anesthesiologist

Topical

Intra Op Medications

Trypan Blue 0.06% intraocular OD OS x1

Mitomycin 0.2 mg/ml 0.4 mg/ml
intraocular OD OS x1

Other

Latex allergy requires written order for Healon

Responsible physician(s) for additional issues:

Resident _____ MD

Fellow _____ MD

Attending _____ MD

Ordering MD Signature: _____

Ordering MD Printed Name: _____

Ordering MD Beeper/Phone #: _____

PRE-OP OPHTHALMIC ORDERS

DO NOT WRITE IN THIS SPACE