IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604-875-4077 IMMEDIATELY				
Vancouve Coasta VA: VGH / UE VC: BP / Pure	Health BCH / GFS			
ORDERS			ADDRESSOGRAPH	
COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS				
CATARACT EXTRACTION AND LENS IMPLANTATION ORDERS				
(items with check boxes must be selected to be ordered)				(Page 1 of 1) Time
Date: ADMISSION INSTRUCTIONS:				Processed RN/LPN Initials
Admit to VGH Main OR for cataract extraction and lens implantation to Right eye Left eye Page MD (604) 979-1413 to mark operative eye. (Dr. N. K. Wade) *** <u>Confirm with pharmacy all drops available at time of patient arrival</u> in pre-op area *** Please make certain eye drops are given on exact time schedule.				Comments
DIET:	NPO			
MONITORING :	Vital signs pre-op and at end of surgery: BP, HR, RR, sedation scale, O ₂ sat 5 minutes post administration of benzodiazepine or narcotic: BP, HR, RR, sedation scale, O ₂ sat. Q15MIN			
TREATMENTS: Saline lock PRN				
Pre-operative Patient Preparation: Start at least 30 minutes prior to OR time: tetracaine 0.5% 1 drop Q10MIN x 3 to eye ofloxacin 0.3% 1 drop Q10MIN x 3 to eye cyclopentolate 1% 1 drop Q10MIN x 3 to eye PHENYLephrine 2.5% 1 drop Q10MIN x 3 to eye tropicamide 1% 1 drop Q10MIN x 3 to eye				
Gener	rative Management: (Size 8 gl ral Anesthetic – in OR al Anesthetic - in OR tetracaine 0.5% 1 drop to povidone-iodine 5% 1 drop t If topical anesthesia, the Give 5 minutes pre-drapi	Peribu Retro eye o eye n topical non-preserved	ulbar Anesthetic - in pre-op by MD bulbar Anesthetic - in pre-op by MD I lidocaine 1% jelly to lids and lashes x2.	
	 □ povidone-iodine 10% sol ★OR★ □ chlorhexidine 0.05% (1:2) 		on reparation if allergy to seafood or iodine	
Anxiety M	*OR*	V x 1 dose initially, follo	f 1 mg total cumulative dose wed by midazolam 0.5 to 1 mg IV Q2MIN	
Pain Mana			fentanyl 25 mcg IV Q10MIN to a	
INTRAVENOUS	5: Discontinue IV when drinking	g.		
DISCHARGE: Patient ma of any ben:	y be discharged when sedation zodiazepine or narcotic.	and discharge criteria a	are met and at least 30 minutes post administration appointment with Dr. Wade on (date).	
Prescriber's Si CELIO	gnature	Printed Name Rev. Jun-09	College ID	