**ORDERS**

**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)

| Date: ________________________ | Time: __________________________ |

**ADMISSION INSTRUCTIONS:**
- 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)
- *** Confirm with pharmacy all drops available at time of patient arrival in pre-op area ***
- Please make certain eye drops are given on exact time schedule.

**DIET:**
- NPO

**MONITORING:**
- Vital signs pre-op and at end of surgery: BP, HR, RR, sedation scale, O₂ sat
- 5 minutes post administration of benzodiazepine or narcotic: BP, HR, RR, sedation scale, O₂ sat. Q15MIN

**TREATMENTS:** Saline lock PRN

**MEDICATIONS:**

**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

**Intra-Operative Management:** (Size 8 gloves for Dr. Wade)
- [ ] General Anesthetic – in OR
- [ ] Peribulbar Anesthetic - in pre-op by MD
- [ ] Topical Anesthetic - in OR
- [ ] Retrobulbar Anesthetic - in pre-op by MD
  - tetracaine 0.5% 1 drop to _______ eye
  - povidone-iodine 5% 1 drop to _______ eye
  - [ ] If topical anesthesia, then topical non-preserved lidocaine 1% jelly to lids and lashes x2.
  - Give 5 minutes pre-draping.
  - [ ] povidone-iodine 10% solution for lash preparation
  - [ ] chlorhexidine 0.05% (1:2000) solution for lash preparation if allergy to seafood or iodine

**Anxiety Management**
- [ ] lorazepam 0.5 to 1 mg SL PRN to a maximum of 1 mg total cumulative dose
  - [ ] midazolam 0.5 to 1 mg IV x 1 dose initially, followed by midazolam 0.5 to 1 mg IV Q2MIN
  - to a maximum cumulative dose of 3 mg

**Pain Management**
- [ ] fentanyl 25 mcg IV x 1 dose initially, followed by fentanyl 25 mcg IV Q10MIN to a maximum cumulative dose of 100 mcg

**INTRAVENOUS:** Discontinue IV when drinking.

**DISCHARGE:**
- Patient may be discharged when sedation and discharge criteria are met and at least 30 minutes post administration of any benzodiazepine or narcotic.
- Please give patient shield and post-op instructions and follow-up appointment with Dr. Wade on __________ (date).

**Prescriber’s Signature**

**Printed Name**

**College ID**

**CELIO**

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