complete or review allergy status prior to writing orders

Cataract and/or Glaucoma Surgery

(Items with tick boxes must be selected to be ordered)  Page 1 of 1

Date: ______________________  Time: ______________________

Pac—Day Prior to Surgery
Anaesthesia will order diagnostic testing to meet pre-operative requirements.

Other:

Planned Procedure on OD/OS on ____________________ (date)

☐ Phacoemulsification cataract extraction/lens implantation
☐ Extracapsular cataract extraction/lens implantation
☐ Penetrating keratoplasty
☐ Trabeculectomy
  ☐ with mitomycin  ☐ with 5-fluorouracil  ☐ no anti-fibrotic agent
☐ Glaucoma Drainage implant
  ☐ Ahmed  ☐ Baerveldt 250/350 (circle)

On Admission—Day of Surgery (Tick orders required)

☐ Cyclopentolate 1%  ☐ Homatropine 5%
☐ Phenylephrine 2.5% / 10%  ☐ Diclofenac 0.1%

{ one drop of each to OD / OS (circle)
  Q10 MIN x 3-60 minutes pre-op

☐ Pilocarpine 2%: one drop to OD / OS Q10 MIN x 2-60 minutes pre-op
☐ Mitomycin-C 0.33 mg/mL sterile x 2 mL for subconjunctival application OD / OS (circle) in the operating room. Please confirm by fax at 55336.
☐ 5-fluorouracil 50 mg/mL x 0.2 mL for subconjunctival application OD/ OS (circle) in the operating room. Please confirm by fax at 55336.
☐ Mannitol 20% __________ mL (1 to 2 g/kg) IV administered over 45 minutes or less, 2 hours prior to surgery (recommended when intraocular pressure exceeds 35 mm Hg)

Physician Signature: ______________________
Printed Name/PIC: ______________________
CAOGS: ______________________
Rev. Aug-07