COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

CORNEAL POST-OP ORDERS

(Items with tick boxes must be selected to be ordered)

Date: ________________________  Time: ______________________________

ACTIVITY

Light activity
Head of bed elevated to 30°

MONITORING

Routine vital signs
Discharge when vital signs are stable and patient is drinking well

NUTRITION

DAT

INTRAVENOUS THERAPY

☐ ECC OR: saline lock until drinking well, then discontinue
☐ JP OR: IV Dextrose 5%-Sodium Chloride 0.9% (D5W-NS) @ 80 mL/h until drinking well, then discontinue

MEDICATION

☐ acetaminophen 325 mg 1 to 2 tablets PO Q4H PRN pain ★OR★
  acetaminophen 325 mg with codeine 30 mg and caffeine 15 mg (TYLENOL #3 EQUIV)
  1 to 2 tablets PO Q4H PRN pain
☐ dimenhydrinate 25 to 50 mg IV/IM/PO Q3-4H PRN nausea

OTHER

☐ Remove patch/shield as instructed (next morning)
☐ Instruct patient to call Physicians office to make a follow up appointment if not already arranged
☐ Prescription written
☐ Give follow up office appointment to patient
☐ Other ____________________________

Physician Signature ____________________________  Printed Name/PIC ____________________________
Rev. Feb-08