**OPHTHALMOLOGY**

**SAME DAY DISCHARGE POST-OP ORDERS**

(items with check boxes must be selected to be ordered)

Date: ____________________  Time: ____________________

**PROCEDURE:**
- [ ] Blepharoplasty ______ eye.
- [ ] Enucleation ______ eye.
- [ ] DCR ______ eye.
- [ ] Strabismus Adjusta ble Suture ______ eye.

**DIET:** Sips to DAT.

**ACTIVITY:** AAT.
Elevate HOB 30° to 45°
- [ ] Do not sleep on operative eye.

**VITAL SIGNS:** Routine.

**INTRAVENOUS:** NS at _________ mL/h.
D/C IV when IV meds d/c and condition stable.

**MEDICATIONS:**
- [ ] tetracaine 2 drops to _________ eye Q10MIN until adjustment.
- [ ] acetaminophen 325 mg, codeine 30 mg, caffeine 15 mg (TYLENOL #3 EQUIV)
  1 to 2 TABS PO Q4 to 6H PRN for pain.

**OTHER:**
- [ ] Cool compresses to eyes Q1H PRN.
- [ ] Wear eye patch for _________ days or until seen at follow up appointment.
- [ ] Remove eye patch/dressing next day.
- [ ] Instruct patient to apply cool compresses QID, after eye patch/dressing is removed.
- [ ] Instruct patient to apply ________________ ointment to incision following cool compresses.

**DISCHARGE:**
- [ ] Discharge when D/C criteria met.
- [ ] Patient discharge information on chart.
- [ ] Surgeon to see patient prior to discharge.
- [ ] Re-start ASA / Anticoagulants on _________________ (date).
- [ ] Re-start all regular medications as per normal schedule.
- [ ] Rx on chart.

**FOLLOW-UP:**
Patient to make follow-up appointment with Dr. ____________________ in _________________.
Phone # ____________________.

**ADDITIONAL ORDERS:**

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707  Prescriber’s Signature  Printed Name  College ID
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