**ORBITAL POST-OP ORDERS - INPATIENT**

*Items with check boxes must be selected to be ordered*

<table>
<thead>
<tr>
<th>Date: _______________________________</th>
<th>Time: _______________________________</th>
</tr>
</thead>
</table>

**DIET**
- [ ] Sips to DAT

**ACTIVITY**
- [ ] Light activity - encourage mobilization
- [ ] Head of bed elevated to 30 degrees

**MONITORING**
- Routine vital signs

**TREATMENTS**
- Keep patch on until __________
- Cold compresses to eyelids Q___H while awake

**INTRAVENOUS THERAPY**
- Sodium chloride 0.9% (NS) IV at _______m/h until drinking well then saline lock

**MEDICATION**

**Regular Orders**
- [ ] Tobramycin 0.3% eye ointment to eye and stitches BID
- [ ] Prednisone _______mg PO ____________________________

**Other:** __________________________________________________________

**PRN Orders**
- [ ] Morphine _____mg SUBCUT / IM Q4H PRN
- [ ] Morphine 1 to 2 mg IV Q1H PRN for breakthrough pain to a maximum of ___mg/4hours
- [ ] Acetaminophen 325 to 625 mg PO Q4H PRN pain
- *OR*
  - [ ] Acetaminophen with codeine 30mg and caffeine 15mg (TYLENOL ## EQUIV) 1 to 2 tabs PO Q4H PRN pain
- [ ] Dimenhydrinate 25 to 50 mg IV/IM/PO Q4H PRN nausea

---

**Prescriber’s Signature**

**Printed Name**

**College ID**

_673_