### PHYSICIAN ORDERS

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**

**RETINAL DETACHMENTS & VITREOUS SURGERY PRE-OP ORDERS**

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

**Date:** ______________________________  **Time:** ______________________________

#### PAC-DAY PRIOR TO SURGERY

- [ ] Anaesthesia will order diagnostic testing to meet pre-operative requirements
- [ ] NPO at midnight
- [ ] Other: ________________________________________________________________

#### ON ADMISSION- DAY OF SURGERY

**MONITORING:**
- [ ] Blood Sugar pre-op/upon arrival

**DIAGNOSTICS:**
- [ ] ECG

**INTRAVENOUS:**
- [ ] sodium chloride 0.9% (NS) IV TKVO  [ ] D5W IV TKVO

**OTHER:**
- [ ] ________________________________________________________________
  ________________________________________________________________

**MEDICATIONS:**
- [ ] cyclopentolate 1% drops: ______ eye 1 drop Q15 minutes x 3 pre-op
- [ ] phenylephrine 2.5% drops: ______ eye 1 drop Q15 minutes x 3 pre-op
- [ ] atropine 1% drops: ______ eye 1 drop Q15 minutes x 3 pre-op
- [ ] diclofenac 0.1% drops: ______ eye 1 drop Q15 minutes x 1 preop
- [ ] tobramycin 0.3% drops: ______ drops both eyes 2 hr preop
- [ ] Other: ________________________________________________________________

**ADDITIONAL ORDERS FOR INPATIENT UNIT**

**CONSULTS:**
- [ ] Home care referral  [ ] Social Work referral

**ACTIVITY:**
- [ ] Bedrest with Bath Room Privileges

**DIET:**
- [ ] Diet as tolerated until midnight preop

**OTHER:**
- [ ] ________________________________________________________________

**MEDICATIONS:**
- [ ] oxazepam 15 to 30mg PO QHS PRN
- [ ] Other: ________________________________________________________________

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**Prescriber’s Signature**

**Printed Name**

**College ID**

**Time Processed**

**RN/LPN Initials**

**Comments**

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*RETPRE
*RETPRELEFT
*RETPRERIGHT