

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

CORNEAL POST-OP ORDERS

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

Date: _____ Time: _____

Time Processed
RN/LPN Initials
Comments

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