



ORDERS AND INTERVENTIONS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**OPHTHALMOLOGY
SAME DAY DISCHARGE POST-OP ORDERS**

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

(Page 1 of 1)

Date: _____ Time: _____

Time
Processed
RN/LPN Initials
Comments

- PROCEDURE:** Blepharoplasty _____ eye.
 Enucleation _____ eye.
 DCR _____ eye.
 Strabismus Adjustable 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:

 Prescriber's Signature

 Printed Name
 Rev. Nov-08

 College ID