

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**  
**ORBITAL POST-OP ORDERS – DISCHARGE SAME DAY**

(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°

**INTRAVENOUS THERAPY**

IV NS @ \_\_\_\_\_ mL/H until drinking well then discontinue

**MONITORING**

Routine vital signs

**TREATMENTS**

Cool, moist compresses to the eye Q \_\_H  
Keep patch on until \_\_\_\_\_

**MEDICATIONS**

- \_\_\_\_\_ ointment to suture line QID
- morphine \_\_\_\_\_mg SC/IM Q4H PRN
- morphine 1 to 2 mg IV Q1H PRN for breakthrough pain to a maximum of \_\_\_\_\_mg/4 hours
- acetaminophen 325 to 650 mg PO Q4H PRN pain \*OR\*  
acetaminophen with codeine 30 mg and caffeine 15 mg (TYLENOL #3 EQUIV) 1 to 2 tabs  
PO Q4H PRN pain
- dimenhydrinate 25 to 50 mg IV/IM/PO Q3-4H PRN nausea

**OTHER**

- Discharge when vital signs are stable and patient is drinking well
- Instruct patient to call Physicians office to make a follow up appointment if not already arranged
- Prescription written
- Other \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Printed Name/PIC  
Oct-07