



VA: VGH / UBCH / GFS
 VC: BP / Purdy / GPC

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ORBITAL POST-OP ORDERS - INPATIENT

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

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Date: _____ **Time:** _____

Time
 Processed
 RN/LPN Initials

 Comments

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
 ORBITLPO

 Printed Name
 VCH.VA.PPO.673 | Rev.OCT.2013

 College ID