



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

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ENDOPHTHALMITIS ORDERS

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

(Page 1 of 1)

Date: _____ Time: _____

Time Processed
RN/LPN Initials
Comments

ADMISSION INSTRUCTIONS: Admit to ophthalmology under Dr. _____

INTRAVENOUS: Fluids: _____

Other: _____

MEDICATIONS:

Antibiotic eye drops:

- vancomycin 50mg/mL one drop into _____ eye(s) Q _____ H
- ceFAZolin 50mg/mL one drop into _____ eye(s) Q _____ H
- gentamicin 15mg/mL one drop into _____ eye(s) Q _____ H
- ceftAZIDime 50mg/mL one drop into _____ eye(s) Q _____ H

Other eye drops:

- prednisOLONE ACETATE 1% one drop into _____ eye(s) Q _____ H
- atropine 1% _____ drops into _____ eye(s) Q _____ H

Intravitreal injections (to be supplied for physician's use in sterile vial(s) - 0.4 mL total volume):

- vancomycin 1 mg/0.1 mL for _____ eye(s) in OR
- amikacin 0.4 mg/0.1 mL for _____ eye(s) in OR
- ceftAZIDime 2 mg/0.1 mL for _____ eye(s) in OR
- dexamethasone 0.4 mg/0.1 mL for _____ eye(s) in OR
- dexamethasone 1 mg/0.1 mL for _____ eye(s) in OR

Other Medications:

- acetaminophen 325mg 1 to 2 tabs PO Q4H PRN pain
- acetaminophen 325 mg with codeine 30 mg and caffeine 15 mg (TYLENOL # 3 EQUIV.) 1 to 2 TABS
PO Q4H PRN pain
- dimenhyDRINATE 25 to 50mg IV/IM/PO Q4H PRN nausea

DISCHARGE:

Prescriber's Signature
*EO-1

Printed Name
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College ID