

ADULT OUTPATIENT OPHTHALMOLOGY PLAN
- Phase: Diagnostic Pre-Op Orders

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Admit/Discharge/Transfer

Request for Outpatient Services

Location: Outpatient Surgery

Communication

Instruct Patient

Instruct Patient On: Other Take the following medications the morning of surgery, with a sip of water, Please take:

Misc Patient Care Order

Laboratory

CBC

Routine Outpatient/PACU, T;N

CBC with Differential

Routine Outpatient/PACU, T;N

Basic Metabolic Panel

Routine Outpatient/PACU, T;N

Comprehensive Metabolic Panel

Routine Outpatient/PACU, T;N

Prothrombin Time with INR

Routine Outpatient/PACU, T;N

PTT

Routine Outpatient/PACU, T;N

Urine Beta hCG

Urine, Routine Outpatient/PACU, T;N

Diagnostic Tests

EKG-12 Lead

Routine, Pre-Op [High Risk Operation] (V72.81)
An EKG within the last 6 weeks is valid

DX Chest Single View

Routine
A chest X-ray within the last year is valid.

DX Chest PA & Lateral

Routine
A chest X-ray within the last year is valid.

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System ADULT OUTPATIENT OPHTHALMOLOGY PLAN - Phase: OPS/OR Holding Pre-Op Orders	Patient Label Here
---	---------------------------

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Patient Care
	Pre-Operative Warming Orders <input type="checkbox"/> ***See Reference Text***
	Vital Signs <input type="checkbox"/> Per Unit Standards
	Insert Peripheral Line
	Patient Activity <input type="checkbox"/> Up Ad Lib/Activity as Tolerated <input type="checkbox"/> Bedrest Bathroom Privileges
	POC Blood Sugar Check <input type="checkbox"/> Upon arrival, if diabetic. Notify surgeon if accucheck is greater than 200 mg/dL.
	POC Chem 8
	POC Hemoglobin and Hematocrit
	Communication
	Code Status must be declared upon admission to Outpatient Surgery
	Code Status <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Care Limitation
	Notify Nurse (DO NOT USE FOR MEDS)
	Dietary
	Outpatient Diet <input type="checkbox"/> NPO
	IV Solutions
	LR <input type="checkbox"/> IV, 25 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	NS <input type="checkbox"/> IV, 25 mL/hr <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	Medication Management <input type="checkbox"/> NOW, Start date T;N Do Not Give sodium citrate-citric acid (Bicitra).
	Ophthalmic Medication Administration Seq (Ophthalmic Medication Administration Sequence) <input type="checkbox"/> ***See Reference Text***
	LEFT EYE

TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT OPHTHALMOLOGY PLAN
- Phase: OPS/OR Holding Pre-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>***NON-RETINAL procedure medication set***</p> <p>proparacaine ophthalmic (proparacaine 0.5% ophthalmic solution)</p> <p><input type="checkbox"/> 2 drop, left eye, ophth soln, OCTOR, x 1 dose Administer proparacaine first. Wait at least three minutes before giving any other eye drops.</p>
	<p>phenylephrine ophthalmic (phenylephrine 2.5% ophthalmic solution)</p> <p><input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 3 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p>
	<p>tropicamide ophthalmic (tropicamide 1% ophthalmic solution)</p> <p><input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 3 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p>
	<p>cyclopentolate ophthalmic (cyclopentolate 1% ophthalmic solution)</p> <p><input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 3 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p>
	<p>prednisoLONE ophthalmic (prednisoLONE acetate 1% ophthalmic suspension)</p> <p><input type="checkbox"/> 1 drop, left eye, ophth susp, OCTOR, x 4 dose, q30min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p> <p>***PrednisoLONE acetate should be administered every 30 minutes prior to the procedure. If more than 4 doses are needed because the patient will be in holding for more than 2 hours, please obtain a new order from the physician.***</p>
	<p>moxifloxacin ophthalmic (moxifloxacin 0.5% ophthalmic solution)</p> <p><input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 4 dose, q30min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p> <p>***Moxifloxacin should be administered every 30 minutes prior to the procedure. If more than 4 doses are needed because the patient will be in holding for more than 2 hours, please obtain a new order from the physician.***</p> <p>Continued on next page....</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT OPHTHALMOLOGY PLAN
- Phase: OPS/OR Holding Pre-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>flurbiprofen ophthalmic (flurbiprofen 0.03% ophthalmic solution) <input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 4 dose, q30min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p> <p>***Flurbiprofen should be administered every 30 minutes prior to the procedure. If more than 4 doses are needed because the patient will be in holding for more than 2 hours, please obtain a new order from the physician.***</p>
	<p>***RETINAL procedure medication set***</p> <p>proparacaine ophthalmic (proparacaine 0.5% ophthalmic solution) <input type="checkbox"/> 2 drop, left eye, ophth soln, OCTOR, x 1 dose Administer proparacaine first. Wait at least three minutes before giving any other eye drops.</p>
	<p>moxifloxacin ophthalmic (moxifloxacin 0.5% ophthalmic solution) <input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 4 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.</p>
	<p>tropicamide ophthalmic (tropicamide 1% ophthalmic solution) <input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 4 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.</p>
	<p>phenylephrine ophthalmic (phenylephrine 10% ophthalmic solution) <input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 4 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.</p> <p>Continued on next page....</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT OPHTHALMOLOGY PLAN
- Phase: OPS/OR Holding Pre-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>atropine ophthalmic (atropine 1% ophthalmic solution) <input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 4 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.</p>
	<p>cyclopentolate ophthalmic (cyclopentolate 1% ophthalmic solution) <input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 4 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.</p>
	<p>prednisoLONE ophthalmic (prednisoLONE acetate 1% ophthalmic suspension) <input type="checkbox"/> 1 drop, left eye, ophth susp, OCTOR, x 4 dose, q30min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.</p>
	<p>RIGHT EYE</p> <p>***NON-RETINAL procedure medication set***</p> <p>proparacaine ophthalmic (proparacaine 0.5% ophthalmic solution) <input type="checkbox"/> 2 drop, right eye, ophth soln, OCTOR, x 1 dose Administer proparacaine first. Wait at least three minutes before giving any other eye drops.</p>
	<p>phenylephrine ophthalmic (phenylephrine 2.5% ophthalmic solution) <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 3 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p>
	<p>tropicamide ophthalmic (tropicamide 1% ophthalmic solution) <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 3 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p> <p>Continued on next page....</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT OPHTHALMOLOGY PLAN
- Phase: OPS/OR Holding Pre-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>cyclopentolate ophthalmic (cyclopentolate 1% ophthalmic solution) <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 3 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p>
	<p>prednisoLONE ophthalmic (prednisoLONE acetate 1% ophthalmic suspension) <input type="checkbox"/> 1 drop, right eye, ophth susp, OCTOR, x 4 dose, q30min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p> <p>***PrednisoLONE acetate should be administered every 30 minutes prior to the procedure. If more than 4 doses are needed because the patient will be in holding for more than 2 hours, please obtain a new order from the physician.***</p>
	<p>moxifloxacin ophthalmic (moxifloxacin 0.5% ophthalmic solution) <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 4 dose, q30min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p> <p>***Moxifloxacin should be administered every 30 minutes prior to the procedure. If more than 4 doses are needed because the patient will be in holding for more than 2 hours, please obtain a new order from the physician.***</p>
	<p>flurbiprofen ophthalmic (flurbiprofen 0.03% ophthalmic solution) <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 4 dose, q30min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: phenylephrine 2.5%, tropicamide 1%, cyclopentolate 1%, prednisolone 1%, moxifloxacin 0.5%, flurbiprofen 0.03%. Administration of each different medication should be separated by 3 minutes.</p> <p>***Flurbiprofen should be administered every 30 minutes prior to the procedure. If more than 4 doses are needed because the patient will be in holding for more than 2 hours, please obtain a new order from the physician.***</p>
	<p>***RETINAL procedure medication set***</p> <p>proparacaine ophthalmic (proparacaine 0.5% ophthalmic solution)</p> <p><input type="checkbox"/> 2 drop, right eye, ophth soln, OCTOR, x 1 dose Administer proparacaine first. Wait at least three minutes before giving any other eye drops.</p>
	<p>moxifloxacin ophthalmic (moxifloxacin 0.5% ophthalmic solution)</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT OPHTHALMOLOGY PLAN
- Phase: OPS/OR Holding Pre-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 4 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.
	tropicamide ophthalmic (tropicamide 1% ophthalmic solution) <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 4 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.
	phenylephrine ophthalmic (phenylephrine 10% ophthalmic solution) <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 4 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.
	atropine ophthalmic (atropine 1% ophthalmic solution) <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 4 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.
	cyclopentolate ophthalmic (cyclopentolate 1% ophthalmic solution) <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 4 dose, q15min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.
	prednisoLONE ophthalmic (prednisoLONE acetate 1% ophthalmic suspension) <input type="checkbox"/> 1 drop, right eye, ophth susp, OCTOR, x 4 dose, q30min Three minutes after the proparacaine is instilled, administer remaining drops in the following order: moxifloxacin 0.5 %, tropicamide 1%, phenylephrine 10%, atropine 1%, cyclopentolate 1%, prednisolone 1%. Administration of each different medication should be separated by 3 minutes.

Consults/Referrals

	Consult MD <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op, Provider Contacted No
--	--

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System ADULT OUTPATIENT OPHTHALMOLOGY PLAN - Phase: PACU Orders	Patient Label Here
---	---------------------------

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
-------	---------------

Patient Care	
---------------------	--

	Vital Signs <input type="checkbox"/> Per Unit Standards
--	---

	Patient Activity <input type="checkbox"/> Up Ad Lib/Activity as Tolerated <input type="checkbox"/> Up Ad Lib/Activity as Tolerated, Bed Position: HOB Greater Than or Equal to 30 degrees <input type="checkbox"/> Up Ad Lib/Activity as Tolerated, Bed Position: Keep HOB at 45-60 degrees <input type="checkbox"/> Assist as Needed, Maintain prone position, with face facing down. Bathroom Privileges.
--	--

Communication	
----------------------	--

	Notify Provider of VS Parameters
--	---

Medications	
--------------------	--

Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
--	--

	acetaZOLAMIDE <input type="checkbox"/> 500 mg, PO, cap sa, ONE TIME For administration in PACU. If not given in PACU, give Post-Op in OPS. *****If patient has sulfa allergy, clarify order with MD before administration.*****
--	---

	Medication Management <input type="checkbox"/> NOW, Start date T;N NO MORPHINE after any eye muscle surgery
--	--

--	--

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT OPHTHALMOLOGY PLAN
- Phase: OPS Post-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Patient Care	
	<p>***SPECIAL CONSIDERATION: Phase II (OPS) - Continuous Pulse Oximetry is mandatory for all patients with the following criteria: ASA Score of III or greater, prone positioning, obese patients and patients with a positive High Risk OSA Score***</p> <p>Vital Signs</p> <p><input type="checkbox"/> Per Unit Standards</p> <p><input type="checkbox"/> Per Unit Standards, Monitor pulse oximetry continuously until pre-operative room air saturation percentage is maintained, without stimulation, for more than 15 min.</p>
	<p>Patient Activity</p> <p><input type="checkbox"/> Up Ad Lib/Activity as Tolerated</p> <p><input type="checkbox"/> Up Ad Lib/Activity as Tolerated, Bed Position: HOB Greater Than or Equal to 30 degrees</p> <p><input type="checkbox"/> Up Ad Lib/Activity as Tolerated, Bed Position: Keep HOB at 45-60 degrees</p> <p><input type="checkbox"/> Assist as Needed, Maintain prone position, with face facing down. Bathroom Privileges.</p>
	<p>Activity Precautions</p> <p><input type="checkbox"/> NO bending, straining, or lifting</p>
	<p>POC Blood Sugar Check</p> <p><input type="checkbox"/> Upon arrival, if diabetic. Notify surgeon if accucheck greater than 200 mg/dL.</p>
	<p>Discontinue Peripheral Line</p> <p><input type="checkbox"/> When vital signs stable, tolerating po fluids, and pain controlled.</p>
Communication	
	<p>***Code Status must be declared post operatively as the patient has had a change in the level of care***</p> <p>Code Status</p> <p><input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death)</p> <p><input type="checkbox"/> Code Status: Care Limitation</p>
	<p>Notify Provider of VS Parameters</p>
	<p>Notify Provider (Misc)</p>
	<p>Notify Nurse (DO NOT USE FOR MEDS)</p> <p><input type="checkbox"/> Leave dressing in place at all times.</p>
	<p>Notify Nurse (DO NOT USE FOR MEDS)</p> <p><input type="checkbox"/> No eye patch or shield needed.</p>
	<p>Notify Nurse (DO NOT USE FOR MEDS)</p> <p><input type="checkbox"/> Do Not Discharge patient until seen by physician.</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT OPHTHALMOLOGY PLAN
- Phase: OPS Post-Op Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p>Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Ensure the implant card is given to the patient</p>
	<p>***MUST document PCP's name and Fax number, in the order below***</p> <p>Send Pre-Op Workup Results <input type="checkbox"/> Fax all labs, radiologic and EKG results to PCP. Fax with PCP notification cover letter and document completion and time of task.</p>
Dietary	
	<p>Outpatient Diet <input type="checkbox"/> Clear Liq. Advance to Pre-Hospital Diet <input type="checkbox"/> Pre-Hospital Diet</p>
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	<p>acetaZOLAMIDE <input type="checkbox"/> 500 mg, PO, cap sa, ONE TIME "IF NOT ADMINISTERED IN PACU, give Post-Op in OPS. *****If patient has sulfa allergy, clarify order with MD before administration.*****</p>
	<p>acetaminophen <input type="checkbox"/> 650 mg, PO, tab, q4h, PRN pain-mild (scale 1-3) For administration Post-Op in OPS. Do not exceed 4000 mg of acetaminophen per 24 hours from all sources.</p>
	<p>.Medication Management <input type="checkbox"/> NOW, Start date T;N NO MORPHINE after any eye muscle surgery</p>
Respiratory	
	<p>Oxygen Therapy <input type="checkbox"/> 2 L/min, Via: Nasal cannula, Keep sats greater than: 92& or equal to preop sat</p>

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT OPHTHALMOLOGY PLAN
- Phase: Discharge Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
Admit/Discharge/Transfer	
General	
	Discharge Patient (Outpatient)
	Discharge Condition <input type="checkbox"/> Discharge Condition: Stable <input type="checkbox"/> Discharge Condition: Improved <input type="checkbox"/> Discharge Condition: Fair
	Discharge Disposition <input type="checkbox"/> Discharge To: Home <input type="checkbox"/> Discharge To: Home with Home Health <input type="checkbox"/> Discharge To: Nursing Home - Intermediate Care <input type="checkbox"/> Discharge To: Long term care <input type="checkbox"/> Discharge To: TDCJ or any other jail
	Discharge Instructions <input type="checkbox"/> Discharge Instructions: Keep all follow-up appointments Take all medications as prescribed
	Discharge Misc Education for Patient
Diet	
	Discharge Diet <input type="checkbox"/> Diet: Resume pre-hospital diet <input type="checkbox"/> Diet: Regular <input type="checkbox"/> Diet: ADA <input type="checkbox"/> Diet: AHA <input type="checkbox"/> Diet: Low sodium (Less than 2 grams) <input type="checkbox"/> Diet: Renal
Activity	
	Discharge Activity/Activity Precautions <input type="checkbox"/> Activity: No straining or heavy lifting, Additional Instructions: No bending over at the waist <input type="checkbox"/> Activity: As tolerated, Additional Instructions: Maintain facedown position <input type="checkbox"/> Activity: Bed rest, Additional Instructions: Maintain facedown position <input type="checkbox"/> Activity: No restrictions
	Discharge Lifting Instructions <input type="checkbox"/> Restricted Amount: 5 pounds, Restricted Until: 2 weeks <input type="checkbox"/> Restricted Amount: 10 pounds, Restricted Until: 2 weeks <input type="checkbox"/> Restricted Amount: 15 pounds, Restricted Until: 2 weeks
	Discharge Bathing Instructions <input type="checkbox"/> Bathing Instructions: Tub bath ONLY - NO showers, Additional Instructions: Do not get dressing wet. <input type="checkbox"/> Bathing Instructions: DO NOT submerge surgical site NO scrubbing on incision <input type="checkbox"/> Bathing Instructions: Bathe normally <input type="checkbox"/> Bathing Instructions: Wash with soap and water daily
	Discharge Driving Instructions <input type="checkbox"/> Driving Instruction: Do NOT drive until instructed by MD <input type="checkbox"/> Driving Instruction: No limitations
Line, Drain, and Wound Care	
	Discharge Wound Care Instructions <input type="checkbox"/> Wound Location: Left Eye, Care Instructions: Do Not remove dressing, Change Dressing: Do Not change dressing, Call MD For: Increased or discolored drainage Increased redness at wound site Increased swelling around wound site Wound site feels hot to <input type="checkbox"/> Wound Location: Left Eye, Care Instructions: Leave open to air, Change Dressing: To be determined by healthcare provider, Call MD For: Increased or discolored drainage Increased redness at wound site Increased swelling around wound site Wound site f <input type="checkbox"/> Wound Location: Right Eye, Care Instructions: Do Not remove dressing, Change Dressing: Do Not change dressing, Call MD For: Increased or discolored drainage Increased redness at wound site Increased swelling around wound site Wound site feels hot to <input type="checkbox"/> Wound Location: Right Eye, Care Instructions: Leave open to air, Change Dressing: To be determined by healthcare provider, Call MD For: Increased or discolored drainage Increased redness at wound site Increased swelling around wound site Wound site

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



ADULT OUTPATIENT OPHTHALMOLOGY PLAN
- Phase: Discharge Orders

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Follow Up

Discharge Follow-up Appointment

- Follow Up With: Eye Clinic - Health Science Center, Follow Up In: 1 day
- Follow Up With: Eye Clinic - Health Science Center, Follow Up In: 1 week
- Follow Up With: Eye Clinic - Health Science Center, Follow Up In: 2 weeks
- Follow Up With: Texas Tech Eye Consultants, Follow Up In: 1 day
- Follow Up With: Texas Tech Eye Consultants, Follow Up In: 1 week
- Follow Up With: Texas Tech Eye Consultants, Follow Up In: 2 weeks

Discharge Call Clinic

- Call: Eye Clinic, Reason For Call: persistent pain not relieved by acetaminophen, nausea, vomiting, or other problems

Communication

Patient May Return to Work/School

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

