

<b>UMC Health System</b>  NICU ROP POST TREATMENT PLAN	Patient Label Here
--	--------------------

**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**

**Patient Care**

Schedule ROP Follow up Visit \_\_\_\_\_

**Medications**

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

**dexAMETHasone (dexamethasone neonatal)**  
 0.025 mg/kg, IVPush, syringe, q12h, x 48 hr

**tobramycin-dexamethasone ophthalmic (tobramycin-dexamethasone 0.3%-0.1% ophthalmic suspension)**  
 1 drop, both eyes, ophth soln, BID, x 7 days       1 drop, left eye, ophth soln, BID, x 7 days  
 1 drop, right eye, ophth soln, BID, x 7 days

**tobramycin-dexamethasone ophthalmic (tobramycin-dexamethasone 0.3%-0.1% ophthalmic ointment)**  
 1 app, both eyes, ophth oint, BID, x 7 days       1 app, left eye, ophth oint, BID, x 7 days  
 1 app, right eye, ophth oint, BID, x 7 days

**prednisoLONE ophthalmic (prednisoLONE acetate 1% ophthalmic suspension)**  
 1 drop, both eyes, ophth susp, BID, x 7 days       1 drop, left eye, ophth susp, BID, x 7 days  
 1 drop, right eye, ophth susp, BID, x 7 days

**cyclopentolate-phenylephrine ophthalmic (cyclopentolate-phenylephrine 0.2%-1% ophthalmic solution)**  
 1 drop, both eyes, ophth soln, BID, x 7 days       1 drop, left eye, ophth soln, BID, x 7 days  
 1 drop, right eye, ophth soln, BID, x 7 days

**erythromycin ophthalmic (erythromycin 0.5% ophthalmic ointment)**  
 1 app, both eyes, ophth oint, BID, x 7 days       1 app, left eye, ophth oint, BID, x 7 days  
 1 app, right eye, ophth oint, BID, x 7 days

--	--

TO    Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

