

PEDIATRIC 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.

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

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



PEDIATRIC 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
<b>Patient Care</b>	
	<b>Pre-Operative Warming Orders</b> <input type="checkbox"/> ***See Reference Text***
	<b>Vital Signs</b> <input type="checkbox"/> Per Unit Standards
	<b>Patient Activity</b> <input type="checkbox"/> Up Ad Lib/Activity as Tolerated
	<b>POC Blood Sugar Check</b> <input type="checkbox"/> Upon arrival, if diabetic. Notify surgeon if accucheck is greater than 200 mg/dL.
<b>Communication</b>	
	***Code Status must be declared upon admission to Outpatient Surgery*** <b>Code Status</b> <input type="checkbox"/> Code Status: Full Code <input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death) <input type="checkbox"/> Code Status: Care Limitation
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> No eye drops needed until in OR
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Start IV in OR.
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b>
<b>Dietary</b>	
	<b>Outpatient Diet</b> <input type="checkbox"/> NPO
<b>Medications</b>	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	LEFT EYE <b>phenylephrine nasal (phenylephrine 0.125% nasal drops)</b> <input type="checkbox"/> 1 drop, left nostril, nasal drop, OCTOR, x 2 dose, q15min Administration of each different medication should be separated by 3 minutes.
	***The following orders should be used for children UNDER two years of age*** <b>cyclopentolate ophthalmic (cyclopentolate 0.5% ophthalmic solution)</b> <input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 2 dose, q20min Administration of each different medication should be separated by 3 minutes.
	<b>phenylephrine ophthalmic (phenylephrine 2.5% ophthalmic solution)</b> <input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 2 dose, q20min Administration of each different medication should be separated by 3 minutes.

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PEDIATRIC 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>***The following orders should be used for children two years of age and OLDER***</p> <p><b>cyclopentolate ophthalmic (cyclopentolate 1% ophthalmic solution)</b>  <input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 2 dose, q20min                      Administration of each different medication should be separated by 3 minutes.</p>
	<p><b>phenylephrine ophthalmic (phenylephrine 2.5% ophthalmic solution)</b>  <input type="checkbox"/> 1 drop, left eye, ophth soln, OCTOR, x 2 dose, q20min                      Administration of each different medication should be separated by 3 minutes.</p>
	<p>RIGHT EYE</p> <p><b>phenylephrine nasal (phenylephrine 0.125% nasal drops)</b>  <input type="checkbox"/> 1 drop, right nostril, nasal drop, OCTOR, x 2 dose, q15min                      Administration of each different medication should be separated by 3 minutes.</p>
	<p>***The following orders should be used for children UNDER two years of age***</p> <p><b>cyclopentolate ophthalmic (cyclopentolate 0.5% ophthalmic solution)</b>  <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 2 dose, q20min                      Administration of each different medication should be separated by 3 minutes.</p>
	<p><b>phenylephrine ophthalmic (phenylephrine 2.5% ophthalmic solution)</b>  <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 2 dose, q20min                      Administration of each different medication should be separated by 3 minutes.</p>

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



PEDIATRIC 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>***The following orders should be used for children two years of age and OLDER***</p> <p><b>cyclopentolate ophthalmic (cyclopentolate 1% ophthalmic solution)</b>  <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 2 dose, q20min                      Administration of each different medication should be separated by 3 minutes.</p>
	<p><b>phenylephrine ophthalmic (phenylephrine 2.5% ophthalmic solution)</b>  <input type="checkbox"/> 1 drop, right eye, ophth soln, OCTOR, x 2 dose, q20min                      Administration of each different medication should be separated by 3 minutes.</p>
	<p>BILATERAL EYES</p> <p><b>phenylephrine nasal (phenylephrine 0.125% nasal drops)</b>  <input type="checkbox"/> 1 drop, each nostril, nasal drop, OCTOR, x 2 dose, q15min                      Administration of each different medication should be separated by 3 minutes.</p>
	<p>***The following orders should be used for children UNDER two years of age***</p> <p><b>cyclopentolate ophthalmic (cyclopentolate 0.5% ophthalmic solution)</b>  <input type="checkbox"/> 1 drop, both eyes, ophth soln, OCTOR, x 2 dose, q20min                      Administration of each different medication should be separated by 3 minutes.</p>
	<p><b>phenylephrine ophthalmic (phenylephrine 2.5% ophthalmic solution)</b>  <input type="checkbox"/> 1 drop, both eyes, ophth soln, OCTOR, x 2 dose, q20min                      Administration of each different medication should be separated by 3 minutes.</p>

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



PEDIATRIC 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>***The following orders should be used for children two years of age and OLDER***</p> <p><b>cyclopentolate ophthalmic (cyclopentolate 1% ophthalmic solution)</b>  <input type="checkbox"/> 1 drop, both eyes, ophth soln, OCTOR, x 2 dose, q20min            Administration of each different medication should be separated by 3 minutes.</p>
	<p><b>phenylephrine ophthalmic (phenylephrine 2.5% ophthalmic solution)</b>  <input type="checkbox"/> 1 drop, both eyes, ophth soln, OCTOR, x 2 dose, q20min            Administration of each different medication should be separated by 3 minutes.</p>

**Consults/Referrals**

	<p><b>Consult MD</b>  <input type="checkbox"/> Service: Anesthesiology, Reason: Pre-Op, Provider Contacted No</p>
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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



UMC Health System

Patient Label Here

PEDIATRIC OUTPATIENT OPHTHALMOLOGY PLAN  
- Phase: PACU 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
	<b>Patient Care</b>
	<b>Vital Signs</b> <input type="checkbox"/> Per Unit Standards
	<b>Communication</b>
	Notify Provider of VS Parameters

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TO  Read Back

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

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



PEDIATRIC 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
<b>Patient Care</b>	
	<p><b>***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***</b></p> <p><b>Vital Signs</b>  <input type="checkbox"/> Per Unit Standards  <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><b>Patient Activity</b>  <input type="checkbox"/> Up Ad Lib/Activity as Tolerated  <input type="checkbox"/> Bedrest, either on parents lap, or in crib with side rails up</p>
	<p><b>Activity Precautions</b>  <input type="checkbox"/> No Restrictions <span style="float: right;"><input type="checkbox"/> Keep off operative side of face</span></p>
	<p><b>POC Blood Sugar Check</b>  <input type="checkbox"/> Upon arrival, if diabetic. Notify surgeon if accucheck greater than 200 mg/dL.</p>
	<p><b>Discontinue Peripheral Line</b>  <input type="checkbox"/> When vital signs stable, tolerating fluids, and pain controlled.</p>
<b>Communication</b>	
	<p><b>***Code Status must be declared post operatively as the patient has had a change in the level of care***</b></p> <p><b>Code Status</b>  <input type="checkbox"/> Code Status: Full Code <span style="float: right;"><input type="checkbox"/> Code Status: DNR/AND (Allow Natural Death)</span>  <input type="checkbox"/> Code Status: Care Limitation</p>
	<p><b>Notify Provider of VS Parameters</b></p>
	<p><b>Notify Provider (Misc)</b></p>
	<p><b>Notify Nurse (DO NOT USE FOR MEDS)</b>  <input type="checkbox"/> Leave dressing in place at all times.</p>
	<p><b>Notify Nurse (DO NOT USE FOR MEDS)</b>  <input type="checkbox"/> No eye patch or shield needed.</p>
	<p><b>Notify Nurse (DO NOT USE FOR MEDS)</b>  <input type="checkbox"/> Do Not Discharge patient until seen by physician.</p>
	<p><b>***MUST document PCP's name and Fax number, in the order below***</b></p>

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



PEDIATRIC 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

Send Pre-Op Workup Results

Fax all labs, radiologic and EKG results to PCP. Fax with PCP notification cover letter and document completion and time of task.

Dietary

Outpatient Diet

Clear Liq. Advance to Pre-Hospital Diet

Pre-Hospital Diet

Medications

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

Medication Management

NOW, Start date T;N

NO MORPHINE after any eye muscle surgery

acetaminophen (acetaminophen pediatric)

10 mg/kg, PO, liq, q4h, PRN pain-mild (scale 1-3)

For administration Post-Op in OPS.

\*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*

15 mg/kg, PO, liq, q4h, PRN pain-mild (scale 1-3)

For administration Post-Op in OPS.

\*\*\*Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hour\*\*\*

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





PEDIATRIC 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
	<b>Admit/Discharge/Transfer</b>
	<b>General</b>
	<b>Discharge Patient (Outpatient)</b>
	<b>Discharge Condition</b> <input type="checkbox"/> Discharge Condition: Stable <input type="checkbox"/> Discharge Condition: Improved <input type="checkbox"/> Discharge Condition: Fair
	<b>Discharge Disposition</b> <input type="checkbox"/> Discharge To: Home <input type="checkbox"/> Discharge To: Home with Home Health <input type="checkbox"/> Discharge To: Home per CPS safety plan
	<b>Discharge Instructions Pediatric/Infant</b> <input type="checkbox"/> Discharge Instructions: Car seats for all car rides   Keep all follow-up appointments   No smoking around child
	<b>Discharge Misc Education for Patient</b>
	<b>Diet</b>
	<b>Discharge Pediatric Diet</b> <input type="checkbox"/> Diet: Resume pre-hospital diet
	<b>Activity</b>
	<b>Discharge Pediatric Activity</b> <input type="checkbox"/> Activity: As tolerated, Additional Instructions: Keep off operative side of face <input type="checkbox"/> Activity: No restriction
	<b>Discharge Lifting Instructions</b>
	<b>Discharge Bathing Instructions</b> <input type="checkbox"/> Bathing Instructions: Bathe normally, Additional Instructions: Starting TOMORROW evening <input type="checkbox"/> Bathing Instructions: Tub bath ONLY - NO showers
	<b>Discharge Driving Instructions</b>
	<b>Line, Drain, and Wound Care</b>
	<b>Discharge Wound Care</b> <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: 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: As directed/demonstrated, Change Dressing: As needed, Call MD For: Increased or discolored drainage   Increased redness at wound site   Increased swelling around wound site   Wound site feels hot to touch   Fou <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 <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: As directed/demonstrated, Change Dressing: As needed, Call MD For: Increased or discolored drainage   Increased redness at wound site   Increased swelling around wound site   Wound site feels hot to touch   Fo
	<b>Follow Up</b>

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



PEDIATRIC 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
	<b>Discharge Follow-up Appointment</b> <input type="checkbox"/> Follow Up With: Eye Clinic - Health Science Center, Follow Up In: 1 day <input type="checkbox"/> Follow Up With: Eye Clinic - Health Science Center, Follow Up In: 1 week <input type="checkbox"/> Follow Up With: Eye Clinic - Health Science Center, Follow Up In: 2 weeks <input type="checkbox"/> Follow Up With: Texas Tech Eye Consultants, Follow Up In: 1 day <input type="checkbox"/> Follow Up With: Texas Tech Eye Consultants, Follow Up In: 1 week <input type="checkbox"/> Follow Up With: Texas Tech Eye Consultants, Follow Up In: 2 weeks
	<b>Discharge Call Clinic</b> <input type="checkbox"/> Call: Eye Clinic, Reason For Call: Persistent pain not relieved by acetaminophen, nausea, vomiting, or other problems

**Communication**

**Patient May Return to Work/School**

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