

Patient Name
DOB
MRN
Physician
CSN

Physician's Orders

OPHTHALMOLOGY PRE-SCHEDULED SURGERY - PRE-PROCEDURE

Page 1 of 2

Date of surgery _____

Surgeon/Physician _____

Patient name _____ Date of birth ___/___/___

Required: Prepare (Consent to read) _____

Required: Allergies/Sensitivities _____

Required: Weight _____

ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.

REQUIRED: (MUST choose ONLY ONE)

- AM admit: Admit to inpatient
- Outpatient
- Potential extended recovery (Patient remains outpatient status, but may require overnight stay. Final determination made post procedure).

PROCEDURES/TREATMENTS:

- Procedure to be performed under Topical Anesthesia on Right Left
- OR**
- Procedure to be performed under Regional Anesthesia on Right Left

POINT OF CARE (POC)

- POC pregnancy test urine (SH Grand Rapids locations)
 - Pregnancy qualitative urine (SH Regional locations)
- POC GLUCOSE TESTING for all patients with known diabetes:
- Obtain glucose POC once, then every 2 hours.

PRE-PROCEDURE MEDICATIONS:

INTRAVENOUS (IV) SOLUTIONS:

- Insert intermittent infusion device
- Lidocaine 1%, 0.25-2 mL ID for IV starts
- Lactated ringers solution 1000 mL IV, 100 mL/hour

TOPICAL ANESTHETICS:

- Lidocaine PF 4% drops: Place 1 drop in operative eye every 5 minutes for a total of 3 doses. If surgery is delayed, may repeat 1 drop every 10 minutes times a total of 2 additional doses.
- Tetracaine 0.5% ophthalmic drops: Place 1 drop in operative eye upon admission.
- Proparacaine 0.5% ophthalmic drops: Place 1 drop in operative eye upon admission.

EYE PREPARATION:

- Eye prep ophthalmic solution that contains Cyclopentolate 2%, Ketorolac 0.5%, Lidocaine 1.5%, Moxifloxacin 1%, Phenylephrine 5% (**This solutions is not available at Zeeland**): Place 1 drop in operative eye.
- Proparacaine hydrochloride ophthalmic solution (Alcaine) 0.5%: Place 1 drop in operative eye.

MYDRIATICS:

- Tropicamide 1% ophthalmic drops: Place 1 drop in operative eye.
- Phenylephrine 2.5% ophthalmic drops: Place 1 drop in operative eye every 5 minutes s a total of 3 doses.
- Phenylephrine 10% ophthalmic drops: Place 1 drop in operative eye every 5 minutes s a total of 3 doses.
- Cyclopentolate 1% ophthalmic drops: Place 1 drop in operative eye every 5 minutes for a total of 3 doses. If surgery is delayed, may repeat 1 drop every 10 minutes times a total of 2 additional doses.
- Atropine 1% ophthalmic drops: Place 1 drop in operative eye.

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BARCODE ZONE

DO NOT MARK BELOW THIS LINE



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Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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OPHTHALMOLOGY PRE-SCHEDULED SURGERY - PRE-PROCEDURE (CONTINUED)

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PRE-PROCEDURE MEDICATIONS: (CONTINUED)

OPHTHALMIC ANTIBIOTICS:

SH Grand Rapids locations:

- Tobramycin 0.3% ophthalmic drops: Place 1 drop in operative eye.
- Gentamicin 0.3% ophthalmic drops: Place 1 drop in operative eye.

SH Regional locations:

- Ciprofloxacin 0.3% ophthalmic drops: Place 1 drop in operative eye every 10 minutes for a total of 3 doses.
- Tobramycin 0.3% ophthalmic drops: Place 1 drop in operative eye.
- Gentamicin 0.3% ophthalmic drops: Place 1 drop in operative eye.

NON-STEROIDAL ANTI-INFLAMMATORY:

- Ketorolac 0.5% ophthalmic drops (Acular): Place 1 drop in operative eye.
- Flurbiprofen (Ocufen) 0.03% ophthalmic drops: Place 1 drop in operative eye.

MISCELLANEOUS:

- Pilocarpine 1% ophthalmic drops: Place 1 drop in operative eye.

OTHER:

INTRA-PROCEDURE, INTRAVITREAL MEDICATIONS:

- Alteplase (PF) 0.25 mg/mL (25 mcg/0.1 mL) in sodium chloride 0.9% pre-filled syringe, 25 mcg, intravitreal, once.
- Alteplase (PF) 0.5 mg/mL (50 mcg/0.1 mL) in sodium chloride 0.9% pre-filled syringe, 50 mcg, intravitreal, once.
- Amphotericin B (PF) 50 mcg/mL (5 mcg/0.1 mL) in sterile water pre-filled syringe, 5 mcg, intravitreal, once.
- Ceftazidime (PF) 22.5 mg/mL (2.25 mg/0.1 mL) in sodium chloride 0.9% pre-filled syringe, 2.25 mg, intravitreal, once.
- Clindamycin (PF) 10 mg/mL (1 mg/0.1 mL) in sodium chloride 0.9% pre-filled syringe, 1 mg, intravitreal, once.
- Dexamethasone (PF) 4 mg/mL (0.4 mg/0.1 mL) in sodium chloride 0.9% pre-filled syringe, 0.4 mg, intravitreal, once.
- Foscarnet (PF) 24 mg/mL (2.4 mg/0.1 mL) in sodium chloride 0.9% pre-filled syringe, 2.4 mg, intravitreal, once.
- Ganciclovir sodium (PF) 20 mg/mL (2mg/0.1 mL) in sodium chloride 0.9% pre-filled syringe, 2 mg, intravitreal, once.
- Methotrexate (PF) 4 mg/mL (400 mcg/0.1 mL) in sodium chloride 0.9% pre-filled syringe, 400 mcg, intravitreal, once.
- Vancomycin (PF) 10 mg/mL (1 mg/0.1 mL) in sodium chloride 0.9% pre-filled syringe, 1 mg, intravitreal, once.
- Voriconazole (PF) 500 mcg/mL (50 mcg/0.1 mL) in sodium chloride 0.9% pre-filled syringe, 50 mcg, intravitreal, once.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #	Physician Print	Physician Sign
TIME	DATE	TIME	DATE	TIME	DATE			
	Sign		R.N. Sign					

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