



6804

Physician Order Form

Patient Name: _____ **Date of Birth:** _____ **Date of Service:** _____

PRE-OPERATIVE ORDERS	POST-OPERATIVE ORDERS
Admit to Hartford Hospital Eye Surgery Center	VITAL SIGNS on arrival to PACU, then every 10 minutes until stable
Procedure:	D/C IV Heplock
<input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes	Offer snack/drink when tolerates oral intake
Other:	<input type="checkbox"/> Resume usual daily medications
ALLERGIES:	
Anesthesia: <input type="checkbox"/> Topical <input type="checkbox"/> Block	Medications: <input type="checkbox"/> Ibuprofen 200 mg po for pain scale 1-5 every 4 hours PRN <input type="checkbox"/> Ibuprofen 400 mg po for pain scale 6-10 every 4 hours PRN <input type="checkbox"/> Acetaminophen 500 mg po for pain scale 1-5 every 4 hours PRN <input type="checkbox"/> Acetaminophen 1000 mg po for pain scale 1-5 every 4 hours PRN
Insert IV Heplock/IV medication by Anesthesia	
Vital Signs on Admission	
Fingerstick blood sugar on all pre-operative insulin-dependent diabetics	
Topical Medications to: <input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes	Other Medications:
<input type="checkbox"/> Betadine 5% 1 drop	
<input type="checkbox"/> Lidocaine Hydrochloride (Xylocaine) Jelly 2%	
<input type="checkbox"/> Proparacaine 0.5% ophthalmic solution 1 drop	
<input type="checkbox"/> Moxifloxacin (Vigamox) 0.5% ophthalmic solution 1 drop	Additional Post-operative Orders:
<input type="checkbox"/> Bromfenac (Bromday) 0.09% 1 drop	
Other Medications:	Discharge when criteria met and cleared by Anesthesia
Additional Pre-operative Orders:	Review Post-Operative Instructions: oral and written
	Follow-up appointment with surgeon
RN Signature: _____ Date _____ Time _____	RN Signature: _____ Date _____ Time _____
MD Signature _____	Date _____ Time _____