



Physician Order Form
Intraocular Surgery

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 discharge
Procedure:	Review Post-Operative Instructions: oral and written
<input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes	Offer snack/drink when tolerates oral intake
Other:	D/C IV Heplock
ALLERGIES:	Resume usual daily medications
Anesthesia: <input type="checkbox"/> Block <input type="checkbox"/> Topical	
Insert IV Heplock/IV medication by Anesthesia	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 6-10 every 4 hours PRN Other Medications: <input type="checkbox"/> Acetazolamide (Diamox) 500 mg po x 1
Vital Signs on Admission	
Fingerstick blood sugar on all pre-operative insulin-dependent diabetics	
Medications: Proparacaine 0.5% ophthalmic solution 1 drop Moxifloxacin (Vigamox) 0.5% ophthalmic solution 1 drop Betadine 5% 1 drop	
SLURRY MIXTURE: 0.2ml instilled Lidocaine Hydrochloride 2% (Xylocaine) Jelly 8mLs Phenylephrine (AK Dilate) 10% ophthalmic solution 2mLs Cyclopentolate 2% ophthalmic solution 2mLs Tropicamide 1% ophthalmic solution 2mLs Moxifloxacin (Vigamox) 0.5% ophthalmic solution 2mLs Bromfenac (Bromday) 0.09% ophthalmic solution 2mLs	
Other Medications: <input type="checkbox"/> Pilocarpine 1% or 2% ophthalmic solution 1 drop <input type="checkbox"/> Lidocaine Hydrochloride 2% (Xylocaine) Jelly <input type="checkbox"/> Atropine 1% ophthalmic solution 1 drop <input type="checkbox"/> Cyclopentolate 2% ophthalmic solution 1 drop <input type="checkbox"/> Phenylephrine 2.5% or 10 % 1 drop x _____ <input type="checkbox"/> Tropicamide 1% ophthalmic solution 1 drop	Additional Post-Operative Orders:
Additional Pre-operative Orders:	Follow-up appointment with surgeon
Nurse Signature: _____ Date: _____ Time: _____	<input type="checkbox"/> Review Post-Operative Instructions: oral and written
MD Signature: _____ Date: _____ Time: _____ Nurse Signature: _____ Date: _____ Time: _____	