### Physician Order Form

#### Hartford Hospital Eye Surgery Center

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
<th>Date of Service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PRE-OPERATIVE ORDERS**

- Admit to Hartford Hospital Eye Surgery Center
- Procedure: *
- Right Eye □ Left Eye □ Both Eyes
- Other:

**ALLERGIES:**

**Anesthesia:** □ Topical □ Block

- Insert IV Heplock/IV medication by Anesthesia
- Vital Signs on Admission
- Fingerstick blood sugar on all pre-operative insulin-dependent diabetics

**Topical Medications to:**

- □ Right Eye □ Left Eye □ Both Eyes
- □ Betadine 5% 1 drop
- □ Lidocaine Hydrochloride (Xylocaine) Jelly 2%
- □ Proparacaine 0.5% ophthalmic solution 1 drop
- □ Moxifloxacin (Vigamox) 0.5% ophthalmic solution 1 drop
- □ Bromfenac (Bromday) 0.09% 1 drop

**MEDICATIONS:**

- D/C IV Heplock
- Offer snack/drink when tolerates oral intake
- □ Resume usual daily medications

**VITAL SIGNS** on arrival to PACU, then every 10 minutes until stable

**POST-OPERATIVE ORDERS**

- Address:
- Other:

**Anesthesia:**

- □ Topical □ Block
- Insert IV Heplock/IV medication by Anesthesia
- Vital Signs on Admission
- Fingerstick blood sugar on all pre-operative insulin-dependent diabetics

**Topical Medications to:**

- □ Right Eye □ Left Eye □ Both Eyes
- □ Betadine 5% 1 drop
- □ Lidocaine Hydrochloride (Xylocaine) Jelly 2%
- □ Proparacaine 0.5% ophthalmic solution 1 drop
- □ Moxifloxacin (Vigamox) 0.5% ophthalmic solution 1 drop
- □ Bromfenac (Bromday) 0.09% 1 drop

**MEDICATIONS:**

- □ Ibuprofen 200 mg po for pain scale 1-5 every 4 hours PRN
- □ Ibuprofen 400 mg po for pain scale 6-10 every 4 hours PRN
- □ Acetaminophen 500 mg po for pain scale 1-5 every 4 hours PRN
- □ Acetaminophen 1000 mg po for pain scale 1-5 every 4 hours PRN

**Other Medications:**

- Additional Post-operative Orders:
- Discharge when criteria met and cleared by Anesthesia
- □ Review Post-Operative Instructions: oral and written
- □ Follow-up appointment with surgeon

**Additional Pre-operative Orders:**

- RN Signature: ___________________ Date ___________________ Time ___________________
- RN Signature: ___________________ Date ___________________ Time ___________________
- MD Signature: ___________________ Date ___________________ Time ___________________