

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**SO ED Suspected Foreign Body to Eye**

Version 1 8/18/15

- Activate this Standing Order (SO) by selecting the appropriate provider and using the "Standing Order" order source.

**Nursing Orders**

- Visual acuity testing

**Medications**

proparacaine 0.5% eye drops (ALCAINE)

- 2 drop in each affected eye once

If tetanus vaccine not current within past 5 years Select:

Diphth, Pertuss(Acell), Tet Vac (BOOSTRIX)

- 0.5 milliliter intramuscularly once

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_