

(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: _____

NICU Ophthalmology Exam

Version 2 9/16/2013

Nursing Orders

- Retcam exam on _____ (date) Drop eyes at _____ (time)

Medications

Ophthalmic Diagnostic Agents

cyclopentolate-phenylephrine 0.2%-1% eye drops (CYCLOMYDRIL)

- 1 drop in each eye every 5 minutes X 2 as needed for eye exam. Instill third drop if needed for complete dilation at time of exam.

Ophthalmic Anesthetic Agents

proparacaine 0.5% eye drops (ALCAINE)

- 1 drop in each eye as needed at time of each exam

Analgesics: Non-opioids

sucrose 24% solution (SWEET EASE): each pacifier dip is less than 0.2 milliliters

- 0.1 -0.5 milliliter orally as needed 2 minutes prior to a painful procedure; for infants 27-31 weeks
- 0.5 - 1 milliliter orally as needed 2 minutes prior to a painful procedure; for infants 32-36 weeks
- 1 -2 milliliter orally as needed 2 minutes prior to a painful procedure; for infants greater than 37 weeks

Ophthalmic Care

hypromellose (GENTEAL 0.3% gel)

- apply liberal amount to each eye at start of each exam and as needed for lubrication during exam

Provider Signature: _____ Date: _____ Time: _____