

(place patient label here)

Patient

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

**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



**PROVIDER ORDERS**

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

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

## Eye Pain, Post General Anesthesia Protocol

Version 1 9/13/18

### General

- After provider order for initiation of a protocol, nursing may place orders found within the protocol using the Policy/Protocol - No Esign Req order source.

### Medications

Artificial Tears

- 2 drops to the affected eye every 2 hours for 24 hours

Tobramycin Sulfate 0.3% ophthalmic drops

- 1 drop to the affected eye every 4 hours for 24 hours

### Notify Provider

Anesthesia

- If, the patient is experiencing increased eye pain (Contact the Anesthesiologist who provided the Anesthetic)
- If, unable to contact, page the Anesthesiologist On-Call

Ophthalmology

- If, the eye pain does not go away within 12 hours of medication treatment
- If, on the eye exam the patient experiences visual acuity changes