

(place patient label here)

Patient Name: _____



Ophthalmology Surgery - Preoperative

General

- *Diagnosis:* _____
- *Allergies:* _____

- Order for Surgery
 - *Specific Surgery:* _____
 - *Date of Surgery:* _____ ****Obtain the Written Authorization for Ordered Surgery****

Patient Placement / Patient Status

- Admit to Outpatient

Nursing Orders

- Initiate Pre Operative Anesthesia Protocol
- Have patient void just prior to start of surgery

Diet

- NPO Diet
NPO Modifications: except meds after midnight on day of surgery

Medications

Ophthalmic Agents:

- Compound Eye Drops MYDRIATIC 4 (tropicamide 1%, proparacaine 0.5%, phenylephrine 2.5%, ketorolac 0.5%) 1 drop in operative eye every 5 minutes x 4 doses
- Proparacaine HCl 0.5 % Solution Ophthalmic (ALCAINE) 1 drop into scheduled operative eye single dose
- Cyclopentolate HCl 1 % Solution Ophthalmic (CYCLOGEL) 1 drop into scheduled operative eye every 5 minutes for x _____ doses
- Cyclopentolate HCl 2 % ophthalmic solution 1 drop into scheduled operative eye every 5 minutes for x _____ doses
- Lidocaine HCl 3.5 % Gel Ophthalmic (AKTEN) 1 drop into scheduled operative eye for x _____ doses
- Phenylephrine HCl 2.5 % Solution Ophthalmic (NEO-SYNEPHERINE or MYDFRIN) 1 drop into scheduled operative eye every 5 minutes for x _____ doses
- Diclofenac Sodium 0.1 % Solution Ophthalmic (VOLTAREN) 1 drop into scheduled operative eye every 5 minutes for x _____ doses
- Atropine sulfate 1 % ophthalmic solution 1 drop into scheduled operative eye every 5 minutes for x _____ doses
- Buffered Betadine into scheduled operative eye 1 drop every 5 minutes X 2 doses

Consult Provider

- *Provider to provider notification preferred*

- Consult Anesthesia
Consulting Provider Reason for consult: _____
Does nursing need to contact consulted provider? [Yes No]
Additional Instructions:

Provider's Signature _____ Date: _____ Time: _____

Initials: _____