**PRE-OP ORDERS:** All orders will be enacted unless a specific order is written to the contrary:

1. **NPO**

**Medications:** Please check to activate each order desired:

- Tetracaine HCl 0.5% Ophthalmic solution, 1 drop in ____ eye every 3 minutes x 3, but START PRIOR TO other drops.
- Ciprofloxacin (Ciloxan) 0.3% Ophthalmic solution, 1 drop in ____ eye every 3 minutes X3
- Tropicamide (Mydriacyl) 1% Ophthalmic solution, 1 drop in ____ eye every 3 minutes X3
- Phenylephrine HCl (Neo-Synephrine) 10% Ophthalmic solution, 1 drop in ____ eye every 3 minutes X3
- Ketorolac 0.125% Ophthalmic solution, 1 drop in ____ eye every 3 minutes X3

**Saline Lock/Saline Flushes**
- ✔️ Saline Lock Administer Anesthetic per Policy PC–27
- ✔️ Sodium Cl 0.9% Flush Syringe (N/S) 10 ML IV PRN
- ✔️ Sodium Cl 0.9% Flush Syringe (N/S) 10 ML IV Q12 hours

---

**Hospitalize as:**
- ☐ Outpatient (SDS)
- ☐ Observation (Ext) Overnight < 24 hours
- ☐ Inpatient (AM Admit) Overnight > 24 hours
- ☐ Inpatient

Care of Dr. ________________________________

**Patient Name** | **Date of Procedure** | **(Circle)** | **Admit Date**
---|---|---|---
DOB | Home Phone | Work Phone | If patient is a minor, name a parent

**Surgeon** | **Assistant** | **Primary Care Physician**

**Procedure**

**Diagnosis**

**Discharge Planning Consults**
- % WT bearing

**Co-morbidities**
- Medical Co-Management ordered
- Anesthesia Consult ordered

**Special Instructions**

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<tr>
<th>Date</th>
<th><strong>Surgeon Ordered</strong></th>
<th><strong>Anesthesia Ordered</strong></th>
<th><strong>Obtained (Initial)</strong></th>
<th><strong>Lab Drawn (Initial)</strong></th>
<th><strong>Comments</strong></th>
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**Physician Signature** | **Date/Time**

Wentworth–Douglass Hospital
PHYSICIAN ORDERS
PRE–ADMISSION SERVICES
CATARACT SURGERY ORDERS