

Eye Surgery Post Operative Orders

Directions: 1. Indicate choice when options are available by placing a check in the box
 2. Mark through entire line any prechecked item you **do not** wish to order ~~mark through~~

Attending Physician: _____ Diagnosis: _____
 Observation Status Admission for Inpatient Care Admit or transfer to: _____ Unit

VITAL SIGNS:

- Vital signs every 4 hours x 2; THEN Vital signs every 8 hours
- Vital signs every _____ hour(s)

ACTIVITY:

- Ad lib Bathroom Privileges
- Plastic Ring Face Down at all times, Never lie flat on back

DIET:

- Clear liquids; THEN Resume Pre-Op Diet 1600 ADA Regular Therapeutic diet: NAS

Diabetic Care:

- Finger Stick Glucose in PACU, Call results to Consultant for Diabetic Care and IV orders

IV SOLUTIONS:

- Dextrose 5% and Sodium Chloride 0.9% IV infuse at 100 ml/hour; THEN
- Saline lock when tolerating PO without nausea/vomiting

MEDICATIONS:

- Milk of Magnesia** 30 ml PO daily PRN for constipation
- Aluminum-magnesium hydroxide/simethicone (Mylanta)** 30 ml PO every 6 hours PRN for indigestion
- Temazepam (Restoril)** 15 mg PO daily at bedtime PRN for sleep
- Acetaminophen (Tylenol)** 325 mg 2 tablets PO every 4 hours PRN for mild pain level (maximum of 4 grams **acetaminophen** in 24 hours)
- Acetaminophen/codeine (Tylenol # 3)** 2 tablets PO every 4 hours PRN for pain not relieved by Tylenol or for moderate pain level (maximum of 4 grams **acetaminophen** in 24 hours)
- Morphine** 2 mg IV every 2 hours PRN for severe pain level
- Acetazolamide (Diamox)** 250 mg PO every 6 hours to decrease intraocular pressure; first dose at _____
- Ondansetron (Zofran)** 4 mg IV every 4 hours PRN for nausea/vomiting
- Trimethobenzamide (Tigan)** 200 mg IM every 6 hours PRN for nausea and/or vomiting

PATIENT CARE:

- Roll of one (1) inch plastic tape at bedside
- Eye pads at bedside

Begin Post Operative Day # 1 At 6am

- Remove Patches to Operative Eye
- Atropine 1% ophthalmic solution** (1) drop to operative eye BID (first drop at 0600 day after surgery)
- Gatifloxacin (Zymar) 0.3% ophthalmic solution** (1) Drop to operative eye four times a day
- Bacitracin/neomycin/polymyxin B (Neosporin) Ointment** (1/4 inch) to operative eye every 3 hours prn for irritation
- Eye Shield to operative eye at all times; No Eye patch

CONSULTS:

- Consult Family Medicine; indication medical management of all Non-Ocular conditions and medicines

ADDITIONAL ORDERS:

Physician _____ Pager _____ Date ____/____/____ Time: _____
 Verbal Order Verification Signature _____ Date ____/____/____ Time: _____