

Ophthalmology Pre Surgery Orders

R3595 Rev. 5/2020 page 1 of 1
To be performed within 30 days, unless otherwise noted.
Fax to (513) 585-0169

Surgeon name:
Phone: Fax:

Patient Name :
Date of Birth
Surgery confirmation #



Procedure Orders: _____

WEIGHT (kg): _____ **ALLERGIES:** _____

General/MAC/Regional Anesthesia **Pre Admission Testing/Same Day Surgery RN to check if below criteria is met**
ECG required - within 6 months of surgery **if:**
Diagnosis of: CAD, arrhythmia, CHF, CRF, arterial vascular disease, pulmonary disease (except asthma), or DM
PT/INR day of surgery **required** – if no documented INR of 1.1 or less within 48 hours of surgery if on Warfarin in the last 30 days
POCT Glucose day of surgery **required** – if diabetic, if blood glucose is less than 71 mg/dL (or less than 100mg/dL and symptomatic) or if greater than or equal to 180 mg/dL, initiate Preop Diabetes/Glycemic Control Order Set and Notify Anesthesia
Potassium day of surgery **required** – **if:** 1) On dialysis or 2) Diagnosis of renal failure (not renal insufficiency or working transplant)
Urine pregnancy (Beta HCG if unable to void) on day of surgery, unless patient has negative serum pregnancy test within 7 days of surgery – **required** if female with no history of hysterectomy **and:**
1) 11-55 years 2) Less than 11 years and has begun menses or 3) Greater than 55 years and less than one year post-menopausal
IV: Insert Peripheral IV day of surgery (and saline lock if needed per anesthesia)
Normal Saline @ 125 ml/hr (1000 ml bag) unless diagnosed with CRF then @ 50 ml/hr
 Other IV _____
 Local Anesthesia

Pre-operative consultation to evaluate for risk factors prior to surgery
 per PCP, may use hospitalists if not available per hospitalist per surgeon: date _____

Labs: COVID19

Nursing:
Eye Bed
 Eye Kit: Give to patient Do not give to patient, MD will bring to office
 Void on Call to Operating Room
 Hold patient in SDS until seen by surgeon
 Do not sedate patient
 PhisoHex Face Wash on Admission to Unit

Medications to OPERATIVE EYE

<input type="checkbox"/> Instill 1/2" strip of 2% Lidocaine Gel.	_____ hours pre-op	<input type="checkbox"/> on-call to O.R.	<input type="checkbox"/> in O.R.
<input type="checkbox"/> Cyclopentolate HCL (Cyclogyl) _____ %:	_____ hours pre-op	<input type="checkbox"/> on-call to O.R.	<input type="checkbox"/> in O.R.
	_____ gtts every _____ minutes X _____		
<input type="checkbox"/> Flurbiprofen Sodium (Ocufen):	_____ hours pre-op	<input type="checkbox"/> on-call to O.R.	<input type="checkbox"/> in O.R.
	_____ gtts every _____ minutes X _____		
<input type="checkbox"/> Homatropine Ophthalmic Solution.5%	_____ hours pre-op	<input type="checkbox"/> on-call to O.R.	<input type="checkbox"/> in O.R.
	_____ gtts every _____ minutes X _____		
<input type="checkbox"/> Moxifloxacin (Vigamox):	_____ hours pre-op	<input type="checkbox"/> on-call to O.R.	<input type="checkbox"/> in O.R.
	_____ gtts every _____ minutes X _____		
<input type="checkbox"/> Phenylephrine (Neosynephrine) _____ %	_____ hours pre-op	<input type="checkbox"/> on-call to O.R.	<input type="checkbox"/> in O.R.
<input type="checkbox"/> Viscous <input type="checkbox"/> non-viscous	_____ gtts every _____ minutes X _____		
<input type="checkbox"/> Tropicamide (Mydracyl) 1%	_____ hours pre-op	<input type="checkbox"/> on-call to O.R.	<input type="checkbox"/> in O.R.
	_____ gtts every _____ minutes X _____		

Patient is having **Peribulbar anesthesia:** use the Honan balloon on the surgery eye for 20 minutes at 30 mm Hg

Physician Signature _____ Date: _____ Time: _____