Ophthalmology Pre-Surgery Orders

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:** _____

Before Day of Surgery:

Preoperative consultation to evaluate for risk factors prior to surgery:

☐ Per PCP (may use PSOC NP if not available) ☐ Per Surgeon ☐ Per Hospitalist (for add-on/emergent cases only)
☐ H&P not required for local anesthesia cases

Day of Surgery:

☐ **General/MAC/Regional Anesthesia Preop:**
Insert Peripheral IV (and saline lock if needed per Anesthesia)
Sodium Chloride 0.9% 1000 ml @ 125 ml/hr IV. (Reduce rate to 50 ml/hr if diagnosis of chronic renal failure)

☐ **Local Anesthesia with Sedation by Surgeon:**
Insert Peripheral IV
Sodium Chloride 0.9% 100 ml @ 125 ml/hr. (Reduced rate to 50 ml/hr if diagnosis of chronic renal failure)

☐ **Local Anesthesia**

Nursing Orders:

☒ Apply Mepilex pressure relief overlay to coccyx-Required for surgery 4 hours or longer
☐ Eye Bed
☐ Void on call to OR
☐ Hold patient in SDS until seen by surgeon
☐ Do not Sedate patient
☐ Notify physician for systolic blood pressure greater than 140 and/or diastolic greater than 90

VTE Mechanical Prophylaxis:

☐ Place SCD prior to induction of anesthesia ☐ Knee ☐ Thigh ☐ Right ☐ Left ☐ Bilateral
☐ No SCD needed-must give reason ☐ Already Anti-coagulated ☐ Ambulating ☐ Refused
☐ Fall Risk ☐ Not indicated-low clinical risk

VTE Pharmacologic Prophylaxis:

☐ Heparin 5,000 units Subcutaneous X1 pre op
☐ No pharmacologic VTE-must give reason ☐ Already Anti-coagulated ☐ Comfort measure only ☐ Refused
☐ Bleeding Risk ☐ Active Bleeding ☐ Not indicated-low clinical risk

☐ **No Pre op Antibiotic Needed**

Medication to Operative Eye:

☐ Lidocaine (Xylocaine) 2% jelly to mucous membrane pre op X1
☐ Flurbiprofen (Ocufen) 0.03% 1 drop pre op X1
☐ Homatropine 5% 1 drop pre op X1
☐ Cyclopentolate (Cyclodryl) _____% 1 drop pre op X1
☐ Moxifloxacin (Vigamox) 0.5% 1 drop pre op X1
☐ Phenylephrine (Neosynephrine) 10% 1 drop Both eyes pre op X1
☐ Phenylephrine (Mydfrin) 2.5% 1 drop pre op X1
☐ Tropicamide (Mydriacyl) 1% 1 drop pre op X1

Intraop Medications: ☐ Botulinum Toxin injection 100 units intraop X1

Physician Signature _____ Date: _____ Time: _____

R3595