



Physician Orders ADULT: Ophthalmology Malignant Melanoma Pre-Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase

Phase: Ophthalmology Malignant Melanoma Pre-Op Phase, When to Initiate: _____

Ophthalmology Malignant Melanoma Pre Op

Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient

T;N Admitting Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Care Team: _____ Anticipated LOS: 2 midnights or more

- ☒ Patient Status Initial Outpatient

T;N Attending Physician: _____

Reason for Visit: _____

Bed Type: _____ Specific Unit: _____

Outpatient Status/Service: Outpatient Status/Service OP-Ambulatory Surgery

- ☐ Notify Physician-Once

Notify For: of room number on arrival to unit

Vital Signs

- ☐ Vital Signs

Monitor and Record T,P,R,BP, on admission

Food/Nutrition

- ☐ NPO

Start at: T;N

Patient Care

- ☐ Consent Signed For

Procedure: Placement of I-125 radiation implant in right eye

- ☐ Consent Signed For

Procedure: Placement of I-125 radiation implant in left eye

- ☐ Consent Signed For

Procedure: Removal of I-125 radiation implant in right eye

- ☐ Consent Signed For

Procedure: Removal of I-125 radiation implant in left eye

- ☐ Consent Signed For

T;N

Medications

- ☐ proparacaine 0.5% ophthalmic solution

☐ 1 drop, Ophthalmic Soln, Right Eye, OnCall, Routine (DEF)*

Comments: OnCall to OR





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- ☐ 1 drop, Ophthalmic Soln, Left Eye, OnCall, Routine
Comments: OnCall to OR
- ☐ phenylephrine 2.5% ophthalmic solution
 - ☐ 1 drop, Ophthalmic Soln, Right Eye, q5min, Routine, (for 3 dose) (DEF)*
Comments: OnCall to OR
 - ☐ 1 drop, Ophthalmic Soln, Left Eye, q5min, Routine, (for 3 dose)
Comments: OnCall to OR
- ☐ hydroxyamphetamine-tropicamide 1%-0.25% ophthalmic solution
 - ☐ 1 drop, Ophthalmic Soln, Right Eye, q5min, Routine, (for 3 dose) (DEF)*
Comments: OnCall to OR
 - ☐ 1 drop, Ophthalmic Soln, Left Eye, q5min, Routine, (for 3 dose)
Comments: OnCall to OR
- ☐ acetaminophen
650 mg, Tab, PO, OnCall, Routine
Comments: OnCall to OR

Date	Time	Physician's Signature	MD Number
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***Report Legend:**

DEF - This order sentence is the default for the selected order
 GOAL - This component is a goal
 IND - This component is an indicator
 INT - This component is an intervention
 IVS - This component is an IV Set
 NOTE - This component is a note
 Rx - This component is a prescription
 SUB - This component is a sub phase, see separate sheet
 R-Required order

