



Physician Orders PEDIATRIC: NICU Eye Exam Medication Orders Plan

NICU Eye Exam Medication Orders Plan

Medications

- ☐ **+1 Hours** proparacaine 0.5% ophthalmic solution
1 drop, Ophthalmic Soln, Both Eyes, N/A, PRN Other, specify in Comment, Routine, (for 1 dose)
Comments: For eye procedure
- ☐ **+1 Hours** Cyclomydril 0.2%-1% ophthalmic solution
1 drop, Ophthalmic Soln, Both Eyes, q 5 min, PRN Other, specify in Comment, Routine,
Comments: Administer 1 drop each eye every 5 minutes x 3 doses, 30 minutes prior to exam for eye dilation.
- ☐ **+1 Hours** Cyclomydril 0.2%-1% ophthalmic solution
1 drop, Ophthalmic Soln, Both Eyes, q 10 min, PRN Other, specify in Comment, Routine,
Comments: Administer 1 drop each eye every 10 minutes x 3 doses, 30 minutes prior to exam for eye dilation.

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

