**Physician Orders**

**Plan:** Cataract Surgery Orders  
[X or R] = will be ordered unless marked out.

<table>
<thead>
<tr>
<th>Height:</th>
<th>cm</th>
<th>Weight:</th>
<th>kg</th>
</tr>
</thead>
</table>

**Allergies:**
- [ ] No known allergies  
- [ ] Latex allergy  
  [ ] Other: ________________________________________________

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### Patient Care

- [X] Consent Signed for (Op Permit)
- [X] Notify Physician-Continuing  
  Notify for: Notify doctor of pre-operative BP greater than 160/95.

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### Note: Post Op Orders

- [X] Discharge When Meets Same Day Criteria

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### Admission/Transfer/Discharge

- [X] Discharge Instructions  
  Other Instructions: Send pt home with Rx for 1 bottle Maxitrol eye drops (or equivalent). Instruct pt to see internist if BP greater than 160/95.

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### Nursing Communication

- [X] Discharge Communication  
  Discharge instructions to patient and to chart.

- [X] Nursing Communication  
  Confirm patient has prescriptions as prescribed per MD.

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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

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**OPHTH Cataract Surgery Orders 23200-QM1108-Rev051518**