



attach patient label

Physician Orders

Plan: Cataract Surgery Orders

[X or R] = will be ordered unless marked out.

Height:	Adult cm	Weight:	kg
Allergies:		<input type="checkbox"/> No known allergies	
<input type="checkbox"/> Latex allergy		<input type="checkbox"/> Other:	
Patient Care			
<input checked="" type="checkbox"/>	Consent Signed for (Op Permit)		
Consults/Notifications			
<input checked="" type="checkbox"/>	Notify Physician-Continuing	Notify for: Notify doctor of pre-operative BP greater than 160/95.	
Note: Post Op Orders			
Admission/Transfer/Discharge			
<input checked="" type="checkbox"/>	Discharge When Meets Same Day Criteria		
Patient Care			
<input checked="" type="checkbox"/>	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.	
Nursing Communication			
<input checked="" type="checkbox"/>	Nursing Communication	Discharge instructions to patient and to chart.	
<input checked="" type="checkbox"/>	Nursing Communication	Confirm patient has prescriptions as prescribed per MD.	

Date	Time	Physician's Signature	MD Number
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