Methodist Healthcare

HT: _____ cm

WT: _____ kg

ALLERGY: _____

ATTACH PATIENT LABEL

CATARACT SURGERY ORDERS

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
	1. Neosynephrine 2.5% ophthalmic 1 drop to operative		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
	eye (unless hypertension, CVA or MI)		
	2. Tropicamide 1% ophthalmic 1 drop to operative		
	eye q 15 min x 3 doses		
	3. Flurbiprofen ophthalmic 1 drop to operative eye		
	q 15 min x 3 doses		
	4. Cyclopentolate 1% ophthalmic 1 drop to operative eye		
	q 15 min x 3 doses		
	5. Diazepam (Valium)		
	A. Age less than 80 years or weight more than 54 Kg		
	give 10 mg PO one hour pre-op		
	B. Age more than 79 years or weight less than 55 Kg.		
	give 5 mg PO one hour pre-op		
	6. Atropine 0.4 mg IM on call to OR		
	7. Obtain informed consent for "removal of cataract		
	[ ] right eye [ ] left eye with implant of lens"		
	8. Notify doctor of pre-operative BP > 184/110 mmHg		
	9. Ofloxacin ophthalmic 1 drop to operative eye		
	q 15 min x 3 doses		
	Physician Signature: _____		
	Physician ID#: _____		
	POST OP ORDERS		
	1. Discharge home when meets criteria		
	2. Send eye tray home with patient		
	3. Send pt home with Rx for 2 bottles Maxitrol eye drops		
	(or equivalent)		
	4. Instruct pt to see internist if BP > 185/90 mmHg		
	5. Discharge instructions to patient and chart		
	Physician Signature: _____		
	Physician ID#: _____		