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

*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