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 _______________

*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