

Surgical Services: Ophthalmology Elective Surgery Orders Sheet

Patient Name: _____ DOB: _____ Date of Surgery: _____

Complete Surgical Procedure: _____

Procedure Codes: _____

Surgeon: _____ Duration: _____

Diagnosis: _____

ICD-10: _____

Status: ☐ Inpatient ☐ SDC ☐ 23°

Clearances: ☐ Medical ☐ Cardio ☐ Other _____

EKG: ☐ From clearance appointment ☐ Schedule ☐ Using previous (needs to be within 6 months)

Anesthesia Type: ☐ Topical/TIVA ☐ General ☐ Local

Allergies: _____

Drop Order for SSSU Cataract Surgery:

- 1.) On arrival to SSSU:
Tetracaine 0.5% apply i gtt _____ eye
 - 2.) On admit insert capped IV unless anesthesia type is local
 - 3.) Hang IV fluids as per anesthesia type indicated (NO IV fluids for local anesthesia)
Start IV NSS 500 ML at KVO rate for all TIVA and Dialysis patients
(Nursing may adjust to 250 ml for Dialysis patients)
Start IV LR 1,000 ML at KVO rate for all General/Spinal/LMA/Regional block patients
 - 4.) Apply i gtt of Leiter's combination ophthalmic solution _____ eye q 5 minutes x 3:
(Tropicamide 1%, Cyclopentolate 1%, Phenylephrine 2.5%)
☐ If Latex allergy substitute Leiter's combination solution for:
Cyclogyl® 1% apply i gtt _____ eye q 5 minutes x 3
Tropicamide 1% apply i gtt _____ eye q 5 minutes x 3
Phenylephrine 2.5% apply i gtt _____ eye q 5 minutes x 3
 - 5.) Bring to OR: 1.5% Phenylephrine/1% Lidocaine combination, preservative free injection, 1 ml;
Needed for intracameral injection.
 - 6.) Bring to OR: Moxifloxacin 0.3 mg/0.3 ml intracameral injection
Triamcinolone 10 mg/ml, 3 mg/0.3 ml subconjunctival injection
☐ Albuterol 2.5 mg Mini-neb treatment in Anesthesia holding area
☐ Mannitol 1 gram per kilo of weight, Infused 1 hr before surgery
- ✓ SPU nurse to instruct the patient in the following for the day of surgery: Continue Beta Blockers, cardiac medications, anti-seizure medication, anti-reflux medications, inhalers and pain medication - take with a small sip of water; Hold ACE/ARB medications if spinal or general anesthesia; Hold diuretics; Hold anti diabetic medications if NPO; Hold herbal medications. Notify surgeon if patient did not follow instructions regarding anticoagulants.

Additional Orders: _____

Physician Signature: _____ Date/Time: _____

