Henry Medical Center

Ophthalmic Surgery PAS & Preoperative Orders ☐ STAT

PLEASE DO NOT USE THESE ABBREVIATIONS:
U, IU, Q.D., Q.O.D., MS, MSO4, MgSO4, A.S., A.D., A.U.
Never write a zero by itself after a decimal point (X mg),
And always use a zero before a decimal point (0.X mg)

ADMIT: □ Outpatient Surgery □ AMA **H&P** □Dictated □Attached
Procedure:_____

MEDICATIONS:

Eye Drops for Pre-Operative Administration: (please circle correct eye below)

_____ to LEFT / RIGHT eye every _____ minutes / times _____ doses

_____ to LEFT / RIGHT eye every _____ minutes / times _____ doses

_____ to LEFT / RIGHT eye every _____ minutes / times _____ doses

Sub Acute Bacterial Endocarditis Prophylaxis:
□ Ampicillin 2 GM IV and Gentamicin 80 MG IV (Administer Pre-Op within 60 minutes before incision)
□ _____if beta-lactam allergy

OTHER MEDICATIONS:_____

VTE Prophylaxis:

□ Lovenox (Enoxaparin) 40 mg SUB-Q preop or □ Heparin 5000 units Sub Q preop
□ TED Stockings Thigh High_____ Knee High_____ √ SCD □ Foot Pumps

DIAGNOSTICS:

□ CBC □ CMP □ BMP □ PT/PTT orderset □ UA
□ Chest X-ray □ EKG □ Type and Screen _____ Units □ Autologous
□ Urine Pregnancy Test

□ Other Labs:_____

OTHER:

☐ Clip and Prep to _____

☐ Medical Assessment/Optimization to be done by : _____ ☐ Cardiac Assessment/Optimization to be done by _____

☐ Read back and verify □ Telephone order

Nurse Signature: _____ DATE : TIME:

Physician Signature: DATE: TIME:

DATE	ALLERGIES (Food, drugs, etc.):	Type Reaction (signs and symptoms):	Height: Weight: Pregnant: Yes or No Breast Feeding Yes or No
			Pt. Label

***If √ does not apply, mark through.**