

Hospitalize as: ☐ Outpatient (SDS) ☐ Observation (Ext) Overnight < 24 hours ☐ Inpatient (AM Admit) Overnight > 24 hours ☐ Inpatient

Care of Dr. _____

Patient Name		Date of Procedure	(Circle) SDS INT OBV AM Adm IP			Admit Date	
DOB	Home Phone	Work Phone	If patient is a minor, name a parent				
Surgeon		Assistant	Primary Care Physician				
Procedure							
Diagnosis		Discharge Planning Consults P.T. % WT bearing					
Co-morbidities		Special Instructions					
<input type="checkbox"/> Medical Co-Management ordered <input type="checkbox"/> Anesthesia Consult ordered							
	Date		Surgeon Ordered	Anesthesia Ordered	Obtained (Initial)	Lab Drawn (Initial)	Comments
Preop Visit with Surgeon		4666 Comp Metabolic Panel					
		165 Electrolytes					
Medical Eval by PCP		518 CBC w/diff					
		641 UA, C & S if indicated					
Notes		42 Type & Screen					
		24 Type & Cross _____ Units					
		24 Autologous Donation _____ Units					
		516 APTT – No Anticoagulant Therapy					
Surgical Consent		517 APTT –w/ Anticoagulant Therapy					
History & Physical		514 PT – No Anticoagulant Therapy					
Anesthesia Questionnaire		515 PT – w/ Anticoagulant Therapy					
Anesthesia Consent		450 HCG Qualitative					
PAS Notes		Other					
		Interpreted ECG					
		Interpreted CXR: Must List Reason					
			Anesthesiologist Signature (if testing ordered)				

PRE-OP ORDERS: All orders will be enacted unless a specific order is written to the contrary:

1. NPO

Medications: Please check to activate each order desired:

- ☐ Tetracaine HCl 0.5% Ophthalmic solution, 1 drop in _____ eye every 3 minutes x 3, but START PRIOR TO other drops.
- ☐ Ciprofloxacin (Ciloxan) 0.3% Ophthalmic solution, 1 drop in _____ eye every 3 minutes X3
- ☐ Tropicamide (Mydracyl) 1% Ophthalmic solution, 1 drop in _____ eye every 3 minutes X3
- ☐ Phenylephrine HCl (Neo-Synephrine) 10% Ophthalmic solution, 1 drop in _____ eye every 3 minutes X3
- ☐ Ketorolac 0.125% Ophthalmic solution, 1 drop in _____ eye every 3 minutes X3

☒ **Saline Lock/Saline Flushes**

- ☒ Saline Lock Administer Anesthetic per Policy PC-27
- ☒ Sodium Cl 0.9% Flush Syringe (N/S) 10 ML IV PRN
- ☒ Sodium Cl 0.9% Flush Syringe (N/S) 10 ML IV Q12 hours

Physician Signature

Date/Time

Wentworth-Douglass Hospital
PHYSICIAN ORDERS
PRE-ADMISSION SERVICES

CATARACT SURGERY ORDERS



PO0020

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