### General - Prior to Discharge

#### Vital Signs

| Frequent vital signs | Indication: Post-op  
| Q1 hour x (# of occurrences): 4  
| Q4 hours x (# of occurrences): 6  
| Then: Q8h  
| Post-op, Until discontinued, Starting today |
| Pulse Oximetry, Continuous | Routine, Continuous, Starting today  
| Keep O2 saturation greater than or equal to:  
| Post-op |

#### Cardiac Monitoring

| Cardiac monitoring | Routine, Until discontinued, Starting today, PACU (only) |

#### Discharge Instructions - Prior to Discharge

| Discharge instructions | Routine, Prior to discharge, Starting today, Discharge patient when all discharge criteria are met. If unstable call physician for additional orders., Post-op |
| Discontinue IV | Routine, Continuous, Starting today, Prior to discharge, discontinue IV when adequate PO intake., Post-op |
| Give cataract discharge instructions to patient | Routine, Prior to discharge, Starting today, Confirm patient has post-op kit at home and will begin using eye drops as instructed., Post-op |
| Nursing communication | Routine, Until discontinued, Starting today, Post-op |
| Follow-up with Physician | Routine, Until discontinued, Starting today, Post Discharge |
| Discharge instructions | Routine, Once, Starting today, Post Discharge |

### General - ABM Orders - Post Discharge

#### Activity - Discharge

| Discharge activity | Routine, Clinic Performed, Post Discharge |
| Nursing communication | Routine, Clinic Performed, Post Discharge |
| Ambulate Progressive | Routine, Clinic Performed, Post Discharge |
| Up ad lib | Routine, Clinic Performed, Post Discharge |
| Up as tolerated | Routine, Clinic Performed, Post Discharge |
| Up with assistance | Routine, Clinic Performed, Post Discharge |
| Strict bed rest | Routine, Clinic Performed, Post Discharge |
| Bed rest with bedside commode | Routine, Clinic Performed, Post Discharge |
| Patient may shower | Routine, Clinic Performed, Post Discharge |

#### Diet - Discharge

| Advance diet as tolerated | Routine, Hospital Performed, Post Discharge |
| Target Diet: | |

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Provider Initial: ______________________

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### PHYSICIAN ORDERS

**Diet General**
- Routine, Clinic Performed, Post Discharge
- Select/Nonselect: ________________ Required
- Additional Modifiers:
  - Viscosity/Liquids:
  - Textures:
  - Fluid Restriction total/24 hour:
  - Sodium Modifiers:
  - Supplements:

**Diet Cardiac**
- Routine, Clinic Performed, Post Discharge
- Select/Nonselect: ________________ Required
- Additional Modifiers:
  - Viscosity/Liquids:
  - Textures:
  - Fluid Restriction total/24 hour:
  - Sodium Modifiers:
  - Supplements:

**Diet Diabetic, calories as indicated**
- Routine, Clinic Performed, Post Discharge
- Diet, Diabetic:
- Select/Nonselect: ________________ Required
- Additional Modifiers:
  - Viscosity/Liquids:
  - Textures:
  - Fluid Restriction total/24 hour:
  - Sodium Modifiers:
  - Calories:

### Discharge Instructions - Post Discharge

- Discharge instructions
- Call Physician office if severe eye pain occurs
- Lazer procedure follow up
- Follow-Up Appointment
- Follow-up appointment as scheduled

### IV Fluids - Prior to Discharge

**IV Fluids**

- **Saline Flush and Lock Panel**
  - sodium chloride 0.9 % syringe
  - saline lock IV
- **sodium chloride 0.9% (NS) infusion**
  - 100 mL/hr, IntraVENous, Continuous, Post-op
  - Follow current IV with this.
  - Discontinue IV fluids when taking adequate PO intake.
  - Routine
- **dextrose 5 % and sodium chloride 0.45 % infusion**
  - 100 mL/hr, IntraVENous, Continuous, Post-op
  - Follow current IV with this.
  - Discontinue IV fluids when taking adequate PO intake.
  - Routine
- **sodium chloride 0.9 % with KCl 20 mEq/L infusion**
  - 100 mL/hr, IntraVENous, Continuous, Post-op
  - Follow current IV with this.
  - Discontinue IV fluids when taking adequate PO intake.
  - Routine

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**Provider Initial:**

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Ophthalmology Postoperative [30401807]
[] dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion

100 mL/hr, IntraVEnous, Continuous, Post-op Follow current IV with this. Discontinue IV fluids when taking adequate PO intake. Routine

Medications - Prior to Discharge

Oral Analgesia
NOTE: Select only those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next, and then #3, #4, etc. Number IV/IM medications and oral medications separately. If orders chosen are not numbered, the nurse will contact the prescriber for clarification. <br> <br>

[] HYDROcodone-acetaminophen (NORCO) tablet 5-325 mg 1-2 tablet, Oral, Every 4 hours PRN, moderate pain, pain, Post-op Pain Option: ______ Required
Pain Option: ______ Required
Not to exceed 9 tablets per 24 hours. Routine

[] acetaminophen (TYLENOL) tablet 325-650 mg, Oral, Every 4 hours PRN, mild pain, Post-op Pain Option: ______ Required
Not to exceed 9 tablets per 24 hours. Routine

Eye Drops
[] flurbiprofen (OCUFEN) ophthalmic solution 0.03% 1 drop, 4 times daily, Post-op, Routine Route: ______ Required

[] moxifloxacin (VIGAMOX) ophthalmic solution 0.5% 1 drop, 4 times daily, Post-op, Routine Route: ______ Required

[] prednisolONE acetate (PRED-FORTE) ophthalmic suspension 1% 1 drop, 4 times daily, Post-op, Routine Route: ______ Required

Sedative / Hypnotic
[] temazepam (RESTORIL) capsule 15 mg, Oral, Nightly PRN, sleep, may repeat dose if patient age under 65, Post-op, Routine

Nausea Vomiting Post-op
[] Post-op Ondansetron - Promethazine Panel
[] ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, IntraVEnous, Every 4 hours PRN, nausea, nausea, Post-op Med choice: ______ Required
Maximum 24 mg per 24 hours Routine

[] promethazine (PHENERGAN) 25 mg/mL injection 6.25-12.5 mg, IntraVEnous, Every 4 hours PRN, nausea, vomiting, Post-op Med choice: ______ Required
Use 6.25-12.5 mg IV for patients age 65 and over. Give ondansetron first. If ineffective give promethazine. Maximum 24 mg per 24 hours Routine

[] promethazine (PHENERGAN) 25 mg/mL injection 12.5-25 mg, IntraVEnous, Every 4 hours PRN, nausea, vomiting, Post-op Med choice: ______ Required
Give ondansetron first. If ineffective give promethazine. Maximum 24 mg per 24 hours Routine
**Medications - ABM Orders - Post Discharge**

**Oral Analgesia - Discharge**

<table>
<thead>
<tr>
<th>Item</th>
<th>Route</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROcodone-acetaminophen (NORCO) tablet 5-325 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetaminophen (TYLENOL) tablet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Eye Drops - Discharge**

<table>
<thead>
<tr>
<th>Item</th>
<th>Route</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>flurbiprofen (OCUFEN) ophthalmic solution 0.03%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>moxifloxacin (VIGAMOX) ophthalmic solution 0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prednisOLONE acetate (PRED-FORTE) ophthalmic suspension 1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sedative / Hypnotic - Discharge**

<table>
<thead>
<tr>
<th>Item</th>
<th>Route</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>temazepam (RESTORIL) capsule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date:______ Time:______ Printed Name of Ordering Provider:__________________________________________

Provider Signature:__________________________________________

Date:______ Time:______ RN Acknowledged:__________________________________________

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**Provider Initial:**

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