

General

Patient name _____

MRN _____

Inpatient Only Procedure (Single Response)

 Admit to Inpatient

Diagnosis:

Admitting Physician:

Attending Physician:

Level of Care:

Patient Condition:

Bed request comments:

Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Pre-op

 Other

Medications

Medications

<input type="checkbox"/> lidocaine (XYLOCAINE) 20 mg/mL (2 %) injection	5 mL, injection, once, For 1 Doses, Pre-op To Operative eye to prepare for Ophthalmic Block
<input type="checkbox"/> phenylephrine (NEO-SYNEPHRINE) 10 % ophthalmic solution	1 drop, every 5 min, For 4 Doses, Pre-op
<input type="checkbox"/> cyclopentolate (CYCLODRYL) 1 % ophthalmic solution	1 drop, every 5 min, For 4 Doses, Pre-op
<input type="checkbox"/> ketorolac (ACULAR) 0.5 % ophthalmic solution	1 drop, every 5 min, For 4 Doses, Pre-op
<input type="checkbox"/> Other	

Physician Signature _____ Date _____