Ophthalmology Post-Op [731]

General

Common Present on Admission Diagnosis

[ ]	Acidosis	Post-op
[ ]	Acute Post-Hemorrhagic Anemia	Post-op
[ ]	Acute Renal Failure	Post-op
[ ]	Acute Respiratory Failure	Post-op
[ ]	Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
[ ]	Anemia	Post-op
[ ]	Bacteremia	Post-op
[ ]	Bipolar disorder, unspecified	Post-op
[ ]	Cardiac Arrest	Post-op
[ ]	Cardiac Dysrhythmia	Post-op
[ ]	Cardiogenic Shock	Post-op
[ ]	Decubitus Ulcer	Post-op
[ ]	Dementia in Conditions Classified Elsewhere	Post-op
[ ]	Disorder of Liver	Post-op
[ ]	Electrolyte and Fluid Disorder	Post-op
[ ]	Intestinal Infection due to Clostridium Difficile	Post-op
[ ]	Methicillin Resistant Staphylococcus Aureus Infection	Post-op
[ ]	Obstructive Chronic Bronchitis with Exacerbation	Post-op
[ ]	Other Alteration of Consciousness	Post-op
[ ]	Other and Unspecified Coagulation Defects	Post-op
[ ]	Other Pulmonary Embolism and Infarction	Post-op
[ ]	Phlebitis and Thrombophlebitis	Post-op
[ ]	Protein-calorie Malnutrition	Post-op
[ ]	Psychosis, unspecified psychosis type	Post-op
[ ]	Schizophrenia Disorder	Post-op
[ ]	Sepsis	Post-op
[ ]	Septic Shock	Post-op
[ ]	Septicemia	Post-op
[ ]	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
[ ]	Urinary Tract Infection, Site Not Specified	Post-op

Elective Outpatient, Observation (Single Response)

( )	Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
( )	Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
( )	Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op

Transfer   (Single Response)
    Patient has active inpatient status order on file

( )	Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( )	Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Code Status

[ ] Full Code	Code Status decision reached by:
	Post-op

[ ] DNR (Do Not Resuscitate) (Selection Required)	
[ ] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
	Post-op
[ ] Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:
[ ] Consult to Social Work	Reason for Consult:
	Post-op

[ ] Modified Code	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
	Modified Code restrictions:
	Post-op
[ ] Treatment Restrictions	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:
	Post-op

Isolation

[ ] Airborne isolation status	
[ ] Airborne isolation status	Details
[ ] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, Post-op
[ ] Contact isolation status	Details
[ ] Droplet isolation status	Details
[ ] Enteric isolation status	Details

Precautions

[ ] Aspiration precautions	Post-op
[ ] Fall precautions	Increased observation level needed:
	Post-op
[ ] Latex precautions	Post-op
[ ] Seizure precautions	Increased observation level needed:
	Post-op
[ ] Blind Precautions	Increased observation level needed:
	Post-op

Nursing

Vital Signs

[ ] Vital Signs	Routine, Every 4 hours
	Temperature; Pulse; Respiration; Blood Pressure, Post-op
[X] Vital Signs	Routine, Per unit protocol, Post-op

Activity

[ ] Strict bed rest	Routine, Until discontinued, Starting S, Post-op
[ ] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bathroom privileges
	Post-op
[ ] Ambulate with assistance	Routine, 3 times daily
	Specify: with assistance
	Post-op
[ ] Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
	Post-op

[ ]	Up in chair, Up with assistance	Routine, Until discontinued, Starting S Specify: Up in chair,Up with assistance Additional modifier: Post-op

Nursing Assessment

[ ]	Intake and Output	Routine, Every 8 hours, Post-op
[ ]	Pulse oximetry	Routine, Every 4 hours Current FIO2 or Room Air: Post-op

Positioning

[ ]	Elevate HOB	Routine, Until discontinued, Starting S Head of bed: Post-op
[ ]	Positioning instruction	Routine, Until discontinued, Starting S Position: Additional instructions: Post-op

Interventions

[ ]	Fall precautions	Increased observation level needed: Post-op
[ ]	Blind Precautions	Increased observation level needed: Post-op
[ ]	Saline lock IV	Routine, Continuous, Post-op
[ ]	Label eye drops for home use	Routine, Until discontinued, Starting S, Post-op

Wound Care

[ ]	Eye patch/pirate patch	Routine, Once Left/Right: Special Instructions: keep patch on eye Post-op
[ ]	Eye shield/fox shield	Routine, Once Left/Right: Special Instructions: keep shield on eye Post-op
[ ]	Apply ice pack	Routine, Until discontinued, Starting S Specify Eye: Ice on for: Ice off for: Post-op
[ ]	Eye pads to bedside	Routine, Until discontinued, Starting S Eye pads to bedside, Post-op
[ ]	Box of 4 by 4 to bedside	Routine, Until discontinued, Starting S Box of 4 by 4 to bedside, Post-op
[ ]	1 inch tape to bedside	Routine, Until discontinued, Starting S 1 inch tape to bedside, Post-op

Discharge Instructions

[ ]	Discharge instructions to Nursing	Routine, Once Patient may be discharged when cleared by anesthesia, Post-op

Diet

[ ]	NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Post-op

[ ]	Diet	Diet effective now, Starting S
		Diet(s):
		Advance Diet as Tolerated? Yes
		Target Diet: to previous diet
		Advance target diet criteria:
		IDDSI Liquid Consistency:
		Fluid Restriction:
		Foods to Avoid:
		Post-op

IV Fluids

Maintenance IV Fluids (Single Response)

( )	sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Post-op
( )	lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Post-op
( )	dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op
( )	sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op
( )	sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op

Medications

IV Antibiotics (Single Response)

( )	cefoxitin (MEFOXIN) IV	2 g, intravenous, every 6 hours, Post-op
		Reason for Therapy:
( )	cefazolin (ANCEF) IV	1 g, intravenous, every 8 hours, Post-op
		Reason for Therapy:
( )	cefTAZidime (FORTAZ) IV - Written as DO NOT SUBSTITUTE	2 g, intravenous, every 8 hours, Post-op
		Ordered as Ceftazidime DO NOT SUBSTITUTE
		Reason for Therapy:
( )	cefepime (MAXIPIME) IV	1 g, intravenous, every 8 hours, Post-op
		Reason for Therapy:

Antibiotics: if beta-lactam allergy (Single Response)

( )	levofloxacin (LEVAQUIN) tablet	750 mg, oral, daily at 0600, Post-op
		Reason for Therapy:
( )	levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, once, For 1 Doses, Post-op
		Reason for Therapy:
( )	metroNIDAZOLE (FLAGYL) tablet	500 mg, oral, 3 times daily, Post-op
		Reason for Therapy:
( )	metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Post-op
		Reason for Therapy:

Antibiotics: if MRSA suspected

[ ]	Pharmacy consult to manage vancomycin	Routine, Until discontinued, Starting S
		Reason for Therapy:
		Duration of Therapy (Days):
[ ]	vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op
		Type of Therapy:

Anti-inflammatory

[ ]	neomycin-polymyxin-dexamethaxone DROPS (MAXITROL)	1 drop, Both Eyes, 4 times daily, Post-op
		For Ophthalmic use only
[ ]	neomycin-polymyxin-dexamethaxone OINTMENT (MAXITROL)	1 application, Both Eyes, nightly, Post-op
		For Ophthalmic use only
[ ]	tobramycin-dexamethasone (TOBRADEX) ophthalmic suspension	1 drop, Both Eyes, 4 times daily, Post-op
[ ]	tobramycin-dexamethasone (TOBRADEX) ophthalmic ointment	1 application, Both Eyes, nightly, Post-op
[ ]	prednisoLONE acetate (PRED FORTE) 1% suspension	1 drop, Both Eyes, 4 times daily, Post-op

[ ]	keTOROlac (ACULAR LS) 0.4 % ophthalmic solution	1 drop, Both Eyes, 4 times daily, Post-op
[ ]	keTOROlac (ACULAR) 0.5 % ophthalmic solution	1 drop, Both Eyes, 4 times daily, Post-op

Ophthalmic Antibiotics

[ ]	erythromycin (ROMYCIN) 0.5% ophthalmic ointment	1 application, nightly, Post-op
[ ]	gentamicin (GARAMYCIN) 0.3% ophthalmic OINTMENT	0.5 inch, 3 times daily, Post-op
[ ]	gentamicin (GARAMYCIN) 0.3 % ophthalmic SOLUTION	1 drop, every 4 hours scheduled, Post-op
[ ]	levofloxacin (QUIXIN) 0.5 % ophthalmic solution	1 drop, every 4 hours scheduled, Post-op
[ ]	moxifloxacin (VIGAMOX) 0.5% ophthalmic solution	1 drop, 3 times daily, Post-op
[ ]	trifluridine (VIROPTIC) 1% ophthalmic solution	1 drop, every 2 hours while awake, Post-op
[ ]	neomycin-bacitracin-polymyxin (POLYSPORIN) ophthalmic ointment	1 application, 4 times daily, Post-op

Pupillary Dilation

[ ]	atropine 1 % ophthalmic solution	1 drop, 2 times daily, Post-op
[ ]	cyclopentolate (CYCLODRYL) 1 % ophthalmic solution	1 drop, every 8 hours, Post-op
[ ]	cyclopentolate (CYCLOGYL) 2 % ophthalmic solution	1 drop, Both Eyes, every 8 hours, Post-op

Lubricants

[ ]	artificial tears ointment	Both Eyes, 4 times daily PRN, dry eyes, Post-op Give AFTER administration of eye drops
[ ]	artificial tears ophthalmic solution	1 drop, Both Eyes, nightly PRN, dry eyes, Post-op

Medications PRN

[ ]	acetaminophen (TYLENOL) tablet	500 mg, oral, every 4 hours PRN, mild pain (score 1-3), fever, Post-op
[ ]	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[ ]	HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op

[ ] ketorolac (TORADOL) IV (Single Response)

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

( )	For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
( )	For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"Or" Linked Panel**	
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.	
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.	
[X] promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**	
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.	
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.	

[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"Or" Linked Panel**
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[X] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

VTE

Labs

Labs Today

[ ] Basic metabolic panel	Once, Post-op
[ ] Comprehensive metabolic panel	Once, Post-op
[ ] CBC and differential	Once, Post-op
[ ] Prothrombin time with INR	Once, Post-op
[ ] Partial thromboplastin time	Once, Post-op
[ ] Calcium	Once, Post-op

Labs Tomorrow

[ ] Basic metabolic panel	AM draw For 1 Occurrences, Post-op
[ ] Comprehensive metabolic panel	AM draw For 1 Occurrences, Post-op
[ ] CBC and differential	AM draw For 1 Occurrences, Post-op
[ ] Prothrombin time with INR	AM draw For 1 Occurrences, Post-op
[ ] Partial thromboplastin time	AM draw For 1 Occurrences, Post-op
[ ] Calcium	AM draw For 1 Occurrences, Post-op

Cardiology

Imaging

X-Ray

[ ] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Post-op
[ ] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Post-op

CT

[ ] CT Orbits Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 2 millimeter cuts with direct coronal if possible., Post-op

MRI

[ ] MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Post-op

[ ]	MRI Orbit Face Neck W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Post-op

Other Studies

Respiratory

Rehab

Consults

Ancillary Consults

[ ]	Consult to Case Management	Consult Reason: Post-op
[ ]	Consult to Social Work	Reason for Consult: Post-op
[ ]	Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
[ ]	Consult PT wound care	Special Instructions: Location of Wound? Post-op
[ ]	Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
[ ]	Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
[ ]	Consult to Spiritual Care	Reason for consult? Post-op
[ ]	Consult to Speech Language Pathology	Routine, Once Reason for consult: Post-op
[ ]	Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult: Post-op
[ ]	Consult to Respiratory Therapy	Reason for Consult? Post-op

Additional Orders