

PHYSICIAN'S ORDERS  
CATARACT EXTRACTION AND IMPLANT (Adult)

Allergies: \_\_\_\_\_

To complete the order form, fill in the required blanks and/or check the appropriate boxes.  
To delete orders, draw one line through the item and initial.

**WARNING:** Check for NSAID or ASA hypersensitivity

**PREOP ORDERS:**

NPO after midnight

**Procedure:**

Right Cataract Extraction and Implant

Left Cataract Extraction and Implant

**Instill in:**

Right Eye

Left Eye

**Start Drops Two Hours Preop:**

Gentamicin sulfate 0.3% eye drops, 1 drop q30minutes

Tropicamide 1% eye drops, 1 drop q30minutes

Cyclopentolate 1% eye drops, 1 drop q30minutes

Phenylephrine 2.5% eye drops, 1 drop q30minutes

Diclofenac 0.1% eye drops, 1 drop q30minutes

All drops to OR with patient

Date: \_\_\_\_\_ Time: \_\_\_\_\_

MD SIGNATURE

**POSTOP ORDERS:**

IV 2/3 - 1/3 at 50 mL/h, discontinue IV when drinking

Sips to DAT

Acetaminophen 325 mg with 30 mg codeine 1-2 tabs po q4h prn

Dimenhydrinate 50 mg po/IM q4h prn

Acetazolamide (Diamox) 125 mg po at \_\_\_\_\_ and 125 mg po at \_\_\_\_\_

Send home when recovered

To office tomorrow at: \_\_\_\_\_

May remove patch in am if wishes (keep metal shield)

Give prescription for eye meds

Date: \_\_\_\_\_ Time: \_\_\_\_\_

MD SIGNATURE

