



**AMBULATORY SURGERY CENTER:
INTRAOPERATIVE OPHTHALMIC SURGERY ORDERS**

ORDERS: Must include physician's signature and ID# STAT ORDERS MUST BE COMMUNICATED TO NURSE	Transcriber Initials/ID #
ALLERGIES:	
PLEASE MARK BOXES WHERE APPROPRIATE	
<input type="checkbox"/> Right eye <input type="checkbox"/> Left eye	
PREPARATION:	
<input type="checkbox"/> Half strength Povidone-Iodine (BETADINE) solution with 0.9% sodium chloride 1:1	
<input type="checkbox"/> Full strength Povidone-Iodine solution <input type="checkbox"/> 0.9% sodium chloride rinse	
MEDICATIONS: All of the following are one time orders	
<i>Injectable anesthetic:</i>	
<input type="checkbox"/> Lidocaine 2% + Marcaine 0.5% mixed 1:1	
<i>Retrobulbar:</i> ____ mL <i>Lid:</i> ____ mL <i>Peribulbar:</i> ____ mL	
<i>Local Anesthetic injections:</i>	
<input type="checkbox"/> Lidocaine 1% with Epinephrine 1: 100,000 ____ mL	
<input type="checkbox"/> Lidocaine 2% with Epinephrine 1: 200,000 ____ mL	
<i>Intraocular Injectables:</i>	
<input type="checkbox"/> Lidocaine 1% preservative free ____ mL	
<input type="checkbox"/> Acetylcholine chloride 1:100 (MIOCHOL E) ____ mL	
<input type="checkbox"/> Hydroxy-Propyl Methylcellulose 2% 20 mg/mL (OCUCOAT) ____ units	
<input type="checkbox"/> Hyaluronate Derivative 10 mg/mL (HEALON) ____ units	
<i>Topically applied drops, ointments and jelly:</i>	
<input type="checkbox"/> Lidocaine 2% Jelly 5 gm	
<input type="checkbox"/> Tetracaine ophthalmic solution 0.5% ____ drops	
<input type="checkbox"/> Phenylephrine ophthalmic solution 2.5% ____ drops	
<input type="checkbox"/> Atropine ophthalmic solution 1% ____ drops	
<input type="checkbox"/> Gatifloxacin 0.3% (ZYMAR) ophthalmic solution 5 mL ____ drops	
<input type="checkbox"/> Neomycin + Polymyxin B + Dexamethasone Suspension 5 mL (MAXITROL) ____ drops	
<input type="checkbox"/> Bacitracin ophthalmic Ointment 3.5 gm	
<input type="checkbox"/> Erythromycin ophthalmic Ointment 1 gm	
<input type="checkbox"/> Bacitracin + Polymyxin B (POLYSPORIN) ophthalmic Ointment 3.5 gm	
<input type="checkbox"/> PrednisolONE + Gentamicin (PRED-G) ophthalmic Ointment 3.5 gm	
<i>Subconjunctival Injections:</i>	
<input type="checkbox"/> Lidocaine 1% preservative free subconjunctival ____ mL	
<input type="checkbox"/> Dexamethasone 2 mg (DECADRON) subconjunctival	
<input type="checkbox"/> Gentamicin 20 mg subconjunctival ____ mL	
<i>Irrigation:</i>	
<input type="checkbox"/> BSS 15 mL <input type="checkbox"/> 500 mL BSS with 0.3 mL Epinephrine 1:10,000	
OTHER:	
MD/LIP/NP Signature:	ID#: Date: Time:
Nurse Signature:	ID#: Date: Time: