

*Patient Label*

Gwen Cousins, M. D.

Ronald Willson, M. D.

Stanislav Zhuk, M. D.

**Physician Orders**

**Patient Name** \_\_\_\_\_

DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		<b>Procedure:</b>
		Admit to <input type="checkbox"/> Dr. Cousins <input type="checkbox"/> Dr. Willson <input type="checkbox"/> Dr. Zhuk
		<b>Diagnosis:</b>
		Eye: <input type="checkbox"/> Right <input type="checkbox"/> Left
		Procedure: <input type="checkbox"/> Pars Plana Vitrectomy <input type="checkbox"/> Endolaser
		<input type="checkbox"/> Scleral Buckle <input type="checkbox"/> Lensectomy
		<input type="checkbox"/> Membrane peel <input type="checkbox"/> Silicone oil placement
		<input type="checkbox"/> Retina detachment repair <input type="checkbox"/> Lens repositioning
		<input type="checkbox"/> Other:
		NPO
		Administer following drops to the <input type="checkbox"/> right <input type="checkbox"/> left eye:
		<input type="checkbox"/> Cyclogyl 1% one drop every 5 minutes x 3
		<input type="checkbox"/> Ocufen one drop every 5 minutes x 3
		<input type="checkbox"/> Neosynephrine 10% one drop every 5 minutes x 3
		<b>Admit status verification:</b> <input type="checkbox"/> same day surgery <input type="checkbox"/> other:

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

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DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		<b>Procedure:</b>
		Admit to PACU Post surgery
		<input type="checkbox"/> Anesthesia release
		<input type="checkbox"/> Vital signs per recovery/PACU protocol
		<input type="checkbox"/> Acetaminophen 500mg PO q4hrs PRN mild pain
		<input type="checkbox"/> Lortab 5/500 mg PO q4hrs PRN moderate pain
		<input type="checkbox"/> Dilaudid 1mg IV q3hrs PRN severe pain
		<input type="checkbox"/> Zofran 4mg IV q4hrs PRN nausea
		Position: <input type="checkbox"/> ad lib <input type="checkbox"/> bed rest <input type="checkbox"/> HOB elevated 45°
		<input type="checkbox"/> face down <input type="checkbox"/> left side <input type="checkbox"/> right side
		Keep eye patch on
		Discontinue IV when alert and tolerating PO
		Discharge from day surgery when stable
		Supply patient with eye drops from doctor's pharmacy
		Discharge instructions:
		No bending, straining, or lifting over 15 pounds
		Maintain same position as in recovery
		Take Tylenol or Ibuprofen for pain at home as needed
		Resume all home medications
		Resume previous home diet
		Bring eyedrops to the doctor's office
		Keep eye patch on until removed in the doctor's office
		Follow-up : <input type="checkbox"/> Today <input type="checkbox"/> Tomorrow <input type="checkbox"/> Other:
		<input type="checkbox"/> Call (504) 895-3961 for appointment time
		<input type="checkbox"/> Touro Office: 3525 Prytania Suite 320 New Orleans, LA 70115
		<input type="checkbox"/> EJGH Office: 4224 Houma Blvd Suite 160 Metairie, LA 70006
		<input type="checkbox"/> Lacombe Office: 64040 Highway 434 #130 Lacombe, LA 70445

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_