updated 10/31/2011

Patient Label

Greater New Orleans Surgery Center

Arley Jaramillo, M. D.

Physician Orders **Patient Name** _____

DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		Procedure:
		Admit to Dr. Jaramillo
		Dx:
		Allergies:
		Vital Signs per routine
		NPO after midnight
		Preop testing per anesthesia guidelines
		Neosynephrine 2.5% — 1 drop
		Cyclogyl 1% — ☐ Left eye ☐ Right eye ☐ Both eyes
		Mydriacyl 1% — every 5 minutes x 3

Date _____ **Physician Signature** _____

updated 10/31/2011

Patient Label

Greater New Orleans Surgery Center

Arley Jaramillo, M. D.

Physician Orders **Patient Name** _____

DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		Procedure:
		Admit to PACU Post surgery
		Vital Signs per PACU routine
		Advance diet slowly to pre-op as tolerated
		Activity: ☐ Bed Rest ☐ BRP with assistance
		Position ☐ 30-45 degrees ☐ on back ☐ on face ☐ right side ☐ left side
		Pain, IV and nausea medications per anesthesia
		Discharge home when discharge criteria is met

Date _____ **Physician Signature** _____