North Bay Regional Health Centre

Cataract Surgery
Pre-Printed Physician's Orders

ALLERGIES: ☐ **NKA** _____

Height: _____ **cm** **Weight:** _____ **kg**

Site for cataract surgery: ☐ Right eye ☐ Left eye ☐ Both eyes

When instructed to instill eye drops at the same time, allow 2 minutes between drops

Preoperative Medications

☐ phenylephrine (Mydfrin) 2.5 % ophthalmic solution one drop to operative eye then repeat in 5 minutes.

☐ tropicamide (Mydriacyl) 1% ophthalmic solution one drop to operative eye then repeat in 5 minutes.

☐ LORazepam (Ativan) 0.5 mg sl prn

Postoperative Medications

☐ acetaminophen 650 mg PO q4h PRN

Activity

☑ AAT with assistance

Vital Signs

☑ Preoperative x 1, intraoperative q 10 minutes, postoperative x 1—if patient receives conscious sedation they must meet PADSS discharge criteria

Interventions

☑ Notify the physician if the patient is experiencing eye pain or nausea.
☑ Discharge home today when patient meets PADSS criteria.
☑ Review and provide discharge instructions with the patient and their family/escort
☑ Ensure the operative eye is protected with eye shield or glasses

Diet

☑ **DAT**

Follow-Up Appointment

Patient to be seen at ☐ Surgeon's Office or ☐ Ophthalmology Clinic
☐ Tomorrow or ☐ Today Time: _____

Date: _____ Time: _____ Physician Signature: _____

Physician Print Name: _____