

Admission Note: Part 1 History and Physical Examination Ophthalmology - Adult

Patient Name:							
Date of Birth:							
Admission	Date:						
Admitting F	Physician <i>(FU</i>	ILL NAME W/MID	DDLE INITIAL):				
Preferred	English	Chinese	Mandarin	Cantonese			
Language	Spanish	Russian	Other:				

	Language	Spanish	Russian	Other:	
Chief Complaint/History of Present Illness: (admit note must contain justification to	for surgery)				
☐ Visual impairment resulting in limitation of activities of daily living ☐ Diplo	opia 🔲 A	sthenopia	☐ Glare/Lig	ht sensitivity	
☐ Uncontrolled intraocular pressure ☐ Severe eye pain ☐ Retinal deta	achment [Eyes not a	ligned 🔲 l	mpaired bind	cular vision
Please specify other indications/justifications:					
Clinical History or Conditions Present On Admission: ☐ No pertinent clin ☐ Diabetes (please specify): ☐ Insulin Dependent ☐ Non-insulin depe	-				
☐ Diabetes (please specify): ☐ Insulin Dependent ☐ Non-insulin deperment ☐ Diabetes (please specify): ☐ Insulin Dependent ☐ Diabetes (please specify): ☐ Diabetes (plea	endeni				
	Artery Disease	Significa	ant Valvular Dise	ease	
Pacemaker/AICD (refer to NYEE policy on patients with defibrillators)	•	_ `			
Neuro:					
CVA/TIA Other:					
Pulmonary: ☐ Asthma ☐ COPD ☐ O2 Dependent ☐ Obstructive Sleep Apnea ☐	Other:				
Renal: Dialysis	Other:				
Heme: Deep Vein Thrombosis/Pulmonary Embolism Coagulopathy of	or on anticoad	ılant \square A	nemia		
Other Hx:	or orrantiooagt	, , , , , , , , , , , , , , , , , , ,	nonia		
	Isolation stat	us if required	: Contact	☐ Other	
Allergies: No Known Allergies Latex If Allergies, list:		,			
Ophthalmic Exam Right Eye			Left Eye		
Visual Acuity					
vicual / loaity					
Visual Fields					
Visual Fields					
Motility					
Motility Lids/Adnexa					
Motility Lids/Adnexa Intraocular Pressure					
Motility Lids/Adnexa Intraocular Pressure Anterior Segment					
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment					
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other:		a of working	4 average average	omo oskov sk	
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment	examination	n of pertiner	t organ syste	ems other th	an those
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other: Please refer to Medical Evaluation for review of systems and physical related to admission diagnosis	<i>examination</i> Jpdated IOL d			ems other th	nan those
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other: Please refer to Medical Evaluation for review of systems and physical related to admission diagnosis				ems other th	nan those
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other: X Please refer to Medical Evaluation for review of systems and physical related to admission diagnosis Intraocular Lens (IOL) Verification *U Manufacturer/Model: Su		ata submissi	on	ems other th	nan those
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other: X Please refer to Medical Evaluation for review of systems and physical related to admission diagnosis Intraocular Lens (IOL) Verification *U Manufacturer/Model:	Jpdated IOL d	ata submissi		ems other th	an those
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other: X Please refer to Medical Evaluation for review of systems and physical related to admission diagnosis Intraocular Lens (IOL) Verification *U Manufacturer/Model: Su	Jpdated IOL d	ata submissi	on	ems other th	nan those
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other: X Please refer to Medical Evaluation for review of systems and physical related to admission diagnosis Intraocular Lens (IOL) Verification Manufacturer/Model: Power (diopters): D	Jpdated IOL d ubmitted by: (pr	ata submissi	on	ems other th	an those
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other: X Please refer to Medical Evaluation for review of systems and physical related to admission diagnosis Intraocular Lens (IOL) Verification Manufacturer/Model: Power (diopters): D Intended post-operative refractive outcome:	Jpdated IOL d ubmitted by: (pr	ata submissi	on	ems other th	nan those
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other: X Please refer to Medical Evaluation for review of systems and physical related to admission diagnosis Intraocular Lens (IOL) Verification Manufacturer/Model: Power (diopters): D Intended post-operative refractive outcome: Lens selection pending- will send updated form (*must send updated form when IOL info	Jpdated IOL d ubmitted by: (pr Date:	ata submissi	on	ems other th	an those
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other: ***Please refer to Medical Evaluation for review of systems and physical related to admission diagnosis Intraocular Lens (IOL) Verification Manufacturer/Model: **Power (diopters): Intended post-operative refractive outcome: Lens selection pending- will send updated form (*must send updated form when IOL info **ASSESMENT/PLAN**	Updated IOL dubmitted by: (properties) Date: Dormation comp	ata submissidint name)	on	ems other th	nan those
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other: X Please refer to Medical Evaluation for review of systems and physical related to admission diagnosis Intraocular Lens (IOL) Verification Manufacturer/Model: Power (diopters): Intended post-operative refractive outcome: Lens selection pending- will send updated form (*must send updated form when IOL info ASSESMENT/PLAN Admission Diagnosis:	Updated IOL dubmitted by: (propagate: Cormation compagate: ICD-1	ata submission int name) lete)	on		
Motility Lids/Adnexa Intraocular Pressure Anterior Segment Posterior Segment Other: X Please refer to Medical Evaluation for review of systems and physical related to admission diagnosis Intraocular Lens (IOL) Verification Manufacturer/Model: Power (diopters): Dintended post-operative refractive outcome: Lens selection pending- will send updated form (*must send updated form when IOL info ASSESMENT/PLAN Admission Diagnosis: Planned Procedure(s) with CPT codes: FemtoSecond ORA OTHER	Updated IOL dubmitted by: (propagate: Cormation compagate: ICD-1	ata submission int name) lete)	on Time:		



Admission Note: Part 2 Admission Orders

Patient Nam	e:					
Date of Birth:						
Admission D	ate:					
Admitting Physician (FULL NAME W/MIDDLE INITIAL):						
Preferred	English	Chinese	Mandarin	Cantonese		
Language	Spanish	Russian	Other:			

Sinai	Opnthalmology - Adult		Preferred	English	Chinese	Mandarin	Cantonese		
			Language	Spanish	Russian	Other:			
	Admit to Inpatient Unit	Admit to Adult ASU							
	t - NPO on admission								
	Insert saline lock on admission	O	. Ol D	!					
4. Pre	-Op Standard Dilation Medicati	on Orders	orders Re	quirea					
Right Eye (OD) Left Eye (OS) Both Eyes (OU									
Ц	Standard Protocol	☐ Standard Protocol			∐ St	andard Protoc	ol		
Proparacaine 0.5%1 gtt OD x1 Moxifloxacin 0.5% 1 gtt OD Q5 min x3 (first dose one minute after proparacaine), Tropicamide 1% 1 gtt OD Q5 min x3; (first dose immediately after moxifloxicin), Phenylephrine 2.5%1 gtt OD Q5 min x3 (first dose immediately after tropicamide) Phenylephrine 2.5%1 gtt OD Q5 min x3 (first dose immediately after tropicamide) Proparacaine 0.5% Moxifloxacin 0.5% 1 gt (first dose one minute after Tropicamide 1% 1 gtt (first dose immediately after tropicamide)			5 min x3 acaine), min x3; floxicin), Q5 min x3	Proparacaine 0.5%1 gtt OU x1 Moxifloxacin 0.5% 1 gtt OU Q5 min x3 (first dose one minute after proparacaine), Tropicamide 1% 1 gtt OU Q5 min x3; (first dose immediately after moxifloxicin), Phenylephrine 2.5%1 gtt OU Q5 min x3 (first dose immediately after tropicamide)					
(If ordered, th	n gtts to Standard Protocol ne following meds should be given after ndard protocol, in succession)	(If ordered, the following meds should b	Add-on gtts to Standard Protocol (If ordered, the following meds should be given after Standard protocol, in succession)			Add-on gtts to Standard Protocol (If ordered, the following meds should be given after Standard protocol, in succession)			
Cyclope	Cyclopentolate 1% 1 gtt OD Q5 min x 3 Cyclopentolate 1% 1 gtt OS Q5 m			Cyclopentolate 1% 1 gtt OU Q5 min x 3					
Atropin	ne 1% 1 gtt OD Q5 min x 3	Atropine 1% 1 gtt OS Q5 m	in x 3		Atropine 1%	1 gtt OU Q5 r	nin x 3		
Flurbip	rofen 0.03% 1 gtt OD Q5 min x 3	Flurbiprofen 0.03% 1 gtt OS	Q5 min x 3		Flurbiprofer	0.03% 1 gtt C	OU Q5 min x 3		
4a. Sup	4a. Supplemental Forms								
5. Dia	gnostic Testing Day of Surgery	on admission (If applicable)			http://www.nyee.edu	<u>/health-professionals/</u>	admitting-forms		
	*Diabetic Patient Finger Stick (Capillary Blood Glucose) BMP								
_	rrent Dialysis Patient								
_	Serum Potassium	in current greater than 200 ml							
	*Hx of Anemia or expected blood loss in surgery greater than 200 ml CBC3 (WBC,HGB,PLT) Type and Screen								
	, ,	any patient of child bearing potential and > 1:	years old or a	any ago who h	nae monetrijato	d within prior 13	months		
							inontils		
	-	rs old or Any patients with diabetes, HT	N, Carulac, va	iscular, rena	ii, or nepauc	<u>Disease</u>			
	Other:								
o. Med	dical Assessment/Evaluation Medical evaluation completed by an	outside Licensed Independent Practitioner	within 30 days	s of surgical r	orocedure				
	Medical evaluation completed by an outside Licensed Independent Practitioner within 30 days of surgical procedure								
☐ Pre-Admission Testing Appointment scheduled at MS Downtown Union Square or NYE			or NYEE on	Date	at Time)			
Ц	Other:								
	/Fellow Signature:	Print Name:			Date:	Tin	ne:		
(If applicable Attending		Print Name:			Date:	Tin	ne:		
(Required)	ON ATTESTATION:								
☐ I cer	rtify that I have re-examined the patient rel	ative to the proposed surgery, reviewed the histor t been any significant change in his/her clinical co					nt. Based upon		
☐ I cer	, .	ative to the proposed surgery, reviewed the histor				• ,	tient. There is a		
	Surgeon:	Print Name:			Date:	Tin	ne:		
orianiy	, - 5. 9 - 5	i intivanie.			Date.	1111			