



Admission Note & Pre-Surgical Orders
E.N.T. & PLASTIC SURGERY
PEDIATRIC

Patient Name _____
Date of Birth _____
Admission Date _____
Admitting Physician (FULL NAME W/MIDDLE INITIAL) _____

Admit to ASU - Pediatric Admit Inpatient

Admission Diagnosis _____

Planned Procedure(s): _____

Anesthesia General MAC/Sedation Local

Admit Note (admit note must contain justification for surgery or admission)

Clinical History or Conditions Present On Admission NONE

Diabetes (please specify): Insulin Dependent Oral Medication Diet Controlled

Cardiac

Congenital Heart Defect Other: _____

Neuro

Mental/Developmental Delay History of seizure disorder Other: _____

Pulmonary

Asthma Other: _____

Other Hx: _____

Hx of Multidrug-Resistant Organism (MDRO) within past 12 months Isolation status if required: Contact Droplet

Allergies: (include medications, food, environmental)

No Known Allergies Latex Allergies _____

Orders

1. Medical Clearance/Consult

Medical clearance to be completed by an outside Licensed Independent Practitioner within 30 days of surgical procedure
(information required on file at NYEEI/MS no later than 72 hours prior to scheduled surgery)

2. Diet - as per NYEEI/MS guidelines

3. Pre-Op Diagnostic Testing (Refer to pre-surgical guidelines or contact Anesthesia Department at 212-979-4464)

Female of Menstruating Age
Pregnancy Test, URINE *on admission*

Physician name (PRINT)

Physician signature



ADM NOTEPREGENP

Date

Time