



# Admission Note & Pre-Surgical Orders OPHTHALMOLOGY - ADULT



ADM NOTEPREOPHA

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

Admit to ASU - Adult     Admit Inpatient

### Admission Diagnosis

**Planned Procedure(s):** } \_\_\_\_\_  
 FemtoSecond     ORA

**Anesthesia**     General     MAC/Sedation     Local

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

Visual impairment resulting in limitation of activities of daily living     Diplopia     Asthenopia     Glare/Light sensitivity  
 Uncontrolled intraocular pressure     Severe eye pain     Retinal detachment     Eyes not aligned     Impaired binocular vision

Please specify other indications/justifications:

### Clinical History or Conditions Present On Admission

NONE  
 Diabetes (please specify):     Insulin Dependent     Oral Medication     Diet Controlled

#### Cardiac

Myocardial Infarction     Congestive Heart Failure     Coronary Artery Disease     DVT/VTE     AICD (refer to NYEE/MS policy on patients with defibrillators)

#### Neuro

CVA     Other: \_\_\_\_\_

#### Pulmonary

Asthma     COPD     Other: \_\_\_\_\_

#### Renal

ESRD     Hemodialysis     Peritoneal Hemodialysis

#### 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     If Allergies: (list below):

OPHTHALMOLOGY		
Examination	Right Eye	Left Eye
Visual Acuity	_____	_____
Intraocular Pressure	_____	_____
Visual Fields	_____	_____
Anterior Segment	_____	_____
Fundoscopy	_____	_____
Other:	_____	_____


### Intraocular Lens (IOL) Verification

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Power (diopters): \_\_\_\_\_

Lens selection pending- will send updated form (must send updated form when IOL information complete)

\*Updated IOL data submission:

Submitted by: (print name) \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

\*\*\*Continue to Page 2 for Orders

# Admission Note & Pre-Surgical Orders

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**1. Medical Clearance**

- 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)
- Medical Consult for medical clearance  Specify MD: (optional) \_\_\_\_\_

**2. Diet** - NPO on admission

**3. Pre-Op Standard Dilation Medication Orders**

No Dilation Orders Required

**Right Eye (OD)**

- Standard Protocol
- 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 moxifloxacin),
- Phenylephrine 2.5%1 gtt OD Q5 min x3** (first dose immediately after tropicamide)

**Add-on gttts to Standard Protocol**  
(If ordered, the following meds should be given after Standard protocol, in succession)

- Cyclopentolate 1% 1 gtt OD Q5 min x 3
- Atropine 1% 1 gtt OD Q5 min x 3
- Flurbiprofen 0.03% 1 gtt OD Q5 min x 3

**Left Eye (OS)**

- Standard Protocol
- Proparacaine 0.5%1 gtt OS x1**
- Moxifloxacin 0.5% 1 gtt OS Q5 min x3** (first dose one minute after proparacaine),
- Tropicamide 1% 1 gtt OS Q5 min x3;** (first dose immediately after moxifloxacin),
- Phenylephrine 2.5%1 gtt OS Q5 min x3** (first dose immediately after tropicamide)

**Add-on gttts to Standard Protocol**  
(If ordered, the following meds should be given after Standard protocol, in succession)

- Cyclopentolate 1% 1 gtt OS Q5 min x 3
- Atropine 1% 1 gtt OS Q5 min x 3
- Flurbiprofen 0.03% 1 gtt OS Q5 min x 3

**Both Eyes (OU)**

- Standard Protocol
- 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 moxifloxacin),
- Phenylephrine 2.5%1 gtt OU Q5 min x3** (first dose immediately after tropicamide)

**Add-on gttts to Standard Protocol**  
(If ordered, the following meds should be given after Standard protocol, in succession)

- Cyclopentolate 1% 1 gtt OU Q5 min x 3
- Atropine 1% 1 gtt OU Q5 min x 3
- Flurbiprofen 0.03% 1 gtt OU Q5 min x 3

Check here if you are using the supplemental Physician's Orders form; this form is in the Physician's Orders link under "Optional Forms" found at <http://www.nyee.edu/health-professionals/admitting-forms>

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

- No labs Required; Healthy Patient Protocol
- No labs Required; cataract surgery under MAC
- No labs Required; Completed at outside facility (information required on file at NYEEI/MS no later than 72 hours prior to scheduled surgery)
- No EKG Required or completed at outside facility (information required on file at NYEEI/MS no later than 72 hours prior to scheduled surgery)
- EKG; 12 Lead All patients over age 50

- Hx of Diabetes (with MAC/sedation)**  
Basic Metabolic Panel - BMP  
Finger Stick (Capillary Blood  
Glucose on admission)  
Diabetic Protocol for NPO Patients  
Order Set on admission

- Hx of Diabetes (w/ Gen Anesthesia)**  
Basic Metabolic Panel - BMP  
Finger Stick (Capillary Blood  
Glucose on admission)  
Diabetic Protocol for NPO Patients  
Order Set on admission

- Hx of Liver Disease (with MAC/sedation)**  
CBC3 (WBC, HGB, PLT  
Basic Metabolic Panel - BMP  
Prothrombin Time - INR PROFILE  
Activated PTT

- Hx of Liver Disease (with General Anesthesia)**  
CBC3 (WBC, HGB, PLT  
Basic Metabolic Panel - BMP  
Prothrombin Time - INR PROFILE  
Activated PTT  
Hepatic Profile - LFT

- Hx of Anemia or expected blood loss in surgery greater than 200 ml**  
CBC3 (WBC,HGB,PLT)

- Hx of Renal Disease, Cardiac/Pulmonary disease including Hypertension**  
Basic Metabolic Panel - BMP

- Current Coumadin or Warfarin Anticoagulant Therapy**  
Prothrombin Time-INR PROFILE

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

- Current Dialysis Patient**  
Serum Potassium on admission

Physician name (Print) \_\_\_\_\_

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

\_\_\_\_\_ Date

\_\_\_\_\_ Time

