Reset Form

New York Eye and Ear Infirmary of Mount Sinai

Admission Note & Pre-Surgical Orders
OPHTHALMOLOGY - 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):
☐ FemtoSecond

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
☐ Uncontrolled intraocular pressure ☐ Severe eye pain ☐ Abnormal head position ☐ Impaired visual development
☐ Retinal detachment ☐ Impaired Binocularity ☐ Glare/Light Sensitivity ☐ Eyes not aligned

Please specify other indications/justifications:

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 ☐ Seizures/seizure disorder
☐ Other:

Pulmonary ☐ Asthma ☐ Other:

Other Hx:

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

OPHTHALMOLOGY - Examination:

	Right Eye	Left Eye
Visual Acuity		
Intraocular pressure		
Visual Fields		
Anterior segment		
Fundoscopy		
Deviation		

Other:

Allergies: (include medications, food, environmental)

☐ No Known Allergies ☐ Meds ☐ Latex ☐ Food

List:

***Continue to page 2 for Orders

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1. Medical Clearance

☐ Medical Clearance to be completed by Licensed Independent Practitioner within 30 days of surgical procedure and sent to NYEE/MS ***(information required on file at NYEE/MS no later than 72 hours prior to scheduled surgery)***

2. Diet - as per NYEE/MS guidelines

3. Pre-Op Standard Dilation Medication Orders *(Please complete separate physician order form if ordering other than standard dilation)*

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 moxifloxicin),*
Phenylephrine 2.5%1 gtt OD Q5 min x3 *(first dose immediately after tropicamide)*
Cyclopentolate 1%1 gtt OD Q5 min x3 *(first dose immediately after phenylephrine)*

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

☐ **Atropine 1% 1 gtt OD Q5 min x 3**
☐ **Flurbiprofen 0.03% 1 gtt OD x 1**

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 moxifloxicin),*
Phenylephrine 2.5%1 gtt OS Q5 min x3 *(first dose immediately after tropicamide)*
Cyclopentolate 1%1 gtt OS Q5 min x3 *(first dose immediately after phenylephrine)*

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

☐ **Atropine 1% 1 gtt OS Q5 min x 3**
☐ **Flurbiprofen 0.03% 1 gtt OS x 1**

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 moxifloxicin),*
Phenylephrine 2.5%1 gtt OU Q5 min x3 *(first dose immediately after tropicamide)*
Cyclopentolate 1%1 gtt OU Q5 min x3 *(first dose immediately after phenylephrine)*

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

☐ **Atropine 1% 1 gtt OU Q5 min x 3**
☐ **Flurbiprofen 0.03% 1 gtt OU x 1**

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

4. Additional Tests

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

Print Physician Name

Physician Signature

Date

Time