

PRE SURGICAL TESTING REQUIREMENTS

HISTORY AND PHYSICAL

All Patients Within 30 days of surgery

EKG

Any patient with Diabetes, Hypertension, Cardiac, Vascular, Pulmonary, Renal, or Hepatic Disease

All patients >50 years old Within 6 months of surgery

CHEST X-RAY

Not required

LABORATORY WORK

Within 30 days of surgery

	<u>General Anesthesia</u>	<u>MAC</u>	<u>Anterior Chamber Surgery- MAC only</u>
Healthy Patient	none	none	none
Diabetes Hypertension Cardiac/Pulmonary Renal	BMP	BMP	none
Liver disease	CBC, BMP PT/PTT, LFT	CBC, BMP PT/PTT	none
Coumadin therapy	INR	INR	none

For history of anemia or for surgeries where blood loss is expected to be >200cc, please include CBC
 For patients on kidney dialysis, K+ should be obtained day of surgery
 All diabetic patients glucose levels (i.e. finger stick) to be checked day of surgery
 Urine pregnancy day of admission for all women of menstruating age
 For patients with AICDs, please see NYEE's policy concerning defibrillators

Patients with more complex medical conditions may require further workup (i.e stress tests, echocardiogram, cardio/pulmonary consult, etc). Please consult anesthesia department or patient's PMD.

CBC = complete blood count, BMP = basic metabolic profile, LFT = liver function test, K+ = potassium
 PT/PTT/INR = prothrombin time/partial prothrombin time/international normalized ratio
 AICD = internal cardiac defibrillator



Second Avenue at 14th Street
New York, NY 10003

Web Form



ADMITTING NOTE & PRE-SURGICAL ORDERS

PATIENT: _____

D.O.B: _____

DATE OF ADMISSION: _____

PHYSICIAN: _____

ADMITTING DIAGNOSIS: _____

ADMITTING NOTE: (Admitting note contains sufficient information that include patient age, sex, initial assessment, reason for surgery or admission any significant history or consultative findings, any special measures or precautions planned for the patient during care or treatment and the anticipated complications, if any)

Intraocular Lens Verification:

TESTS DONE & RESULTS:

Manufacturer: _____

Model: _____

Power (diopters): _____

- Lens Selection Pending
- Pediatric Cataract

OPHTHALMOLOGY OTOLARYNGOLOGY

Visual Acuity OD _____ OS _____ Audiogram _____

Tension OD _____ OS _____ Chest X-Ray _____

Fields _____ CT Scan _____

Slit Lamp _____ MRI _____

Fundoscopy _____ Other _____

ALLERGIES: _____

ADMISSION and PRE-SURGICAL ORDERS:

AMBULATORY **INPATIENT**

MEDICAL CONSULT/CLEARANCE: Outside Physician Med/Ped Consult Dr. _____

PROCEDURE (TREATMENT): _____

ANESTHESIA: General MAC Local

DIET: Standard NPO Orders Other _____

ADULT STANDARD DILATION: OD OS **PEDIATRIC STANDARD DILATION ORDER SET:** OD OS X1 X2 X3

Additional Orders: refer to Physician's Order Sheet

LABS (Note to all physicians, if lab work was done at an outside facility, results must be received by NYEEI 48 hrs. prior to admission)

- No New Lab Orders - Tests not performed at NYEEI**
- Healthy Patient Protocol**
- Standard Lab Orders for Patient Who Has other Medical Conditions** (please indicate the appropriate test panel order below)
 - DIABETES MELLITUS HYPERTENSION CARDIOVASCULAR/PULMONARY
 - HEPATIC EXPECTED BLOOD LOSS>200cc RENAL

(See reverse side for guidelines regarding pre-operative orders and labs testing panels)

Physician's Name (print) **Physician's Signature** **Date** **Time**

Updated form - IOL Data Submission

Submitter's Name (print) **Date** **Time**