



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

ICD-10 Diagnosis(es) code(s): _____
Planned Procedure(s) code(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: _____

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Page 2

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 NYEE/MS no later than 72 hours prior to scheduled surgery)
- Medical Consult for medical clearance Specify MD: *(optional)* _____

2. Diet - NPO on admission

3. IV - Insert saline lock on IV

4. 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 gtt 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 gtt 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 gtt 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 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. 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 NYEE/MS no later than 72 hours prior to scheduled surgery)*
- No EKG Required or completed at outside facility *(information required on file at NYEE/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

