



Admission Note: Part 2 Admission Orders

Ophthalmology - Adult

Patient Name:				
Date of Birth:				
Admission Date:				
Admitting Physician (FULL NAME W/MIDDLE INITIAL):				
Preferred Language	English	Chinese	Mandarin	Cantonese
	Spanish	Russian	Other:	

- 1. Admit to Inpatient Unit Admit to Adult ASU
- 2. Diet - NPO on admission
- 3. IV - Insert saline lock on admission
- 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 gtts 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 gtts 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 gtts 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

4a. Supplemental Forms Check here if you are using a supplemental order form; this form is in the Physician's Orders link under "Optional Forms" <http://www.nyee.edu/health-professionals/admitting-forms>

5. Diagnostic Testing Day of Surgery on admission (If applicable)

*Diabetic Patient

Finger Stick (Capillary Blood Glucose) BMP

*Current Dialysis Patient

Serum Potassium

*Hx of Anemia or expected blood loss in surgery greater than 200 ml

CBC3 (WBC,HGB,PLT) Type and Screen

Pregnancy Test URINE *Required for any patient of child bearing potential and > 12 years old, or any age who has menstruated within prior 12 months

EKG For Age greater than 65 years old or Any patients with diabetes, HTN, cardiac, vascular, renal, or hepatic Disease

Other:

6. Medical Assessment/Evaluation

Medical evaluation completed by an outside Licensed Independent Practitioner within 30 days of surgical procedure

Pre-Admission Testing Appointment scheduled at MS Downtown Union Square or NYEE on _____ Date _____ at _____ Time

Other:

Resident /Fellow Signature:
(If applicable)

Print Name:

Date:

Time:

Attending:
(Required)

Print Name:

Date:

Time:

SURGEON ATTESTATION:

I certify that I have re-examined the patient relative to the proposed surgery, reviewed the history & physical, the pre-op assessment, and spoken with the patient. Based upon all the above it is my opinion that there has not been any significant change in his/her clinical condition relative to the indications for the proposed surgery.

I certify that I have re-examined the patient relative to the proposed surgery, reviewed the history and physical, the pre-op assessment and spoken with the patient. There is a change in his/her clinical condition - See Progress Note.

Attending Surgeon:

Print Name:

Date:

Time:

