



**Admission Note: Part 1
History and Physical Examination**

Ophthalmology - Pediatric

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

Chief Complaint/History of Present Illness: (admit note must contain justification for surgery)

- 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
- Abnormal head position
- Impaired visual development

Please specify other indications/justifications:

Clinical History or Conditions Present On Admission: No pertinent clinical history

- 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 Other

- Allergies:** No Known Allergies Latex If Allergies, list:

<u>Ophthalmic Exam</u>	<u>Right Eye</u>	<u>Left Eye</u>
Visual Acuity		
Motility		
Lids/Adnexa		
Intraocular Pressure		
Anterior Segment		
Posterior Segment		
Other:		

Please refer to Pediatric Medical Evaluation for review of systems and physical examination of pertinent organ systems other than those related to admission diagnosis

ASSESSMENT/PLAN

Admission Diagnosis:

ICD-10 Code:

Planned Procedure(s) with CPT codes:

- FemtoSecond ORA OTHER:

Laterality: Right Left Bilateral N/A

Anesthesia: General MAC/Sedation Local

Other:





Admission Note: Part 2 History and Physical Examination

Ophthalmology - Pediatric

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

1. Admit to Inpatient Unit Admit to ASU

2. **Diet** - NPO on admission

3. **IV** - Insert saline lock on admission

4. **Pre-Op Dilation Medication Orders**

4a. **No Dilation Orders Required** (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 moxifloxacin),
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 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)
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 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)
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 Q5 min x 3

4b. **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

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)

Other:

6. **Medical Assessment/Evaluation**

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

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:

