

PATIENT NAME: Larkin, Patriciae DOB: 05/20/44 SEX: F Diagnosis: Macular Hole
ADDRESS: 181 Bayview Avenue Surgeon: Glenn J Green, MD Assistant: _____
Cornwall On Hudson, NY 12520 CPT CODE: 67042 ICD 10 CODE: H35.342 PRE-CERT #: _____
HOME NUMBER: 845-534-9837 CELL NUMBER: 845-234-8431 INSURANCE CO.: Medicare/Empire INSURANCE ID NUMBER: 6W20DD3FQ13
PROCEDURE DATE: 2/19/20 PROCEDURE LENGTH: 90 min ☒ LEFT ☐ RIGHT ☐ BILATERAL ☐ TRIAL PRODUCT
PROCEDURE ORDER FOR CONSENT: _____

Pars Plana Vitrectomy & Membrane Peeling And Fluid Gas Exchange
- Left Eye -

IS PATIENT BEING SCHEDULED FOR BLOODLESS SURGERY ☐ YES ☒ NO

TYPE OF ADMISSION: ☐ ORMC ☒ POB ☐ OBS ☐ SDS ☐ 23hr. ☐ INPATIENT ☐ ENDO

PATIENT IS ERAS ☐ YES ☒ NO

PATIENT SPECIFIC NEEDS: ☐ FACILITY/GROUP HOME ☐ FORENSIC PATIENT ☐ LANGUAGE LINE ☐ SPECIAL NEEDS / should not be first case

PATIENT OR FAMILY MEMBER HAS HISTORY OF MALIGNANT HYPERTHERMIA ☐ YES ☒ NO

ANESTHESIA COMPLICATIONS / DIFFICULT INTUBATION ☐ YES ☒ NO

PACEMAKER: ☐ AICD VENDOR: _____ SPECIAL EQUIPMENT: _____

Cell Saver ☐ C-Arm ☐ Oxygen ☐ IMPLANT / EQUIPMENT FORM ☐ IMPLANT RECALL (Specify): _____

PRE-SURGICAL TESTING APPOINTMENT May we leave a message? ☐ Yes ☒ No PRIMARY DOCTOR: _____

PST MEPS being done at ☐ ORMC ☐ CRHC ☒ MEPS Consultation by Dr. Jensen Diagnosis: _____

PST Nurse only - patient NOT on Insulin or anticoagulant

PST Phone Assessment only - (does not stratify - NOT on insulin or anticoagulant)

DIABETIC ☐ Yes ☒ No ON INSULIN ☐ Yes ☒ NO ON ANTICOAGULANT ☐ Yes ☒ No Type: _____

HISTORY SLEEP APNEA ☐ Yes ☒ No

PRE-SURGICAL MEDICAL EVALUATION

Physical Risk: ☐ Minimal ☒ Low ☐ Intermediate or High Health Risk: ☐ A ☒ B ☐ C ☐ D

Medical /Cardiac Consultation by Dr. _____ Anesthesia Consultation Requested ☐ Yes ☒ No

PRE-SURGICAL TESTING ORDERS ☐ OTHER: _____

& S # OF UNITS: ☒ CBC ☒ BMP/CMP ☐ PT INR ☐ PTT ☐ MSSA/MRSA screen culture ☐ U/A ☒ EKG ☐ CXRAY ☐ C-SPINE

NEE X-RAY (circle one) LEFT RIGHT ☐ HIP X-RAY (circle one) LEFT RIGHT FOR ERAS Patients ☒ follow ERAS protocol & Prehab as indicated

FOR ERAS PATIENTS ☒ follow ERAS protocol FOR PATIENTS WITH DIABETES ☒ follow Perioperative Insulin Protocol Order Set

Food Glucose Monitoring Test Upon Arrival to Pre-Op ☒ Urine Pregnancy Test Upon Arrival to Pre-Op age 12-55 unless H/O TAH or BTL

R at 100ml/hr ☐ NS at 100ml/hr ☐ LR at KVO ☐ Other IV fluid: _____ ☐ Saline lock with NS flush

JB X-Ray upon arrival to Pre-Op ☐ Intraop Venodyne ☐ Intraop Foley ☐ Additional Orders: _____

ALLERGIES ☐ None Known ☐ LATEX ☐ METAL ☒ OTHER Codeine

ALLERGIC REACTION: _____

PRECAUTIONS PREOPERATIVELY

FOR ERAS Patients ☒ follow ERAS medication order protocol

FOR TOTAL JOINT Patients follow Total Joint Protocol ☐ Cefazolin (Ancef) _____ gm IV ☐ Surgeon reviewed PCN allergy - benefit outweighs risk
Dexamethasone _____ mg IV ☐ Gentamicin _____ mg IV ☐ Clindamycin _____ mg IV ☐ Metronidazole _____ mg IV or PO (CIRCLE ONE)
Cefepime _____ mg IV or PO (CIRCLE ONE) **PEDIATRIC DOSING ONLY** _____ mg/kg IV

Additional Pre-operative orders: _____

Surgeon SIGNATURE /PRINTED NAME: Glenn J Green, MD TIME: 5pm DATE: 1/24/20

ANESTHESIA SIGNATURE /PRINTED NAME: Colleen LoCicco / Colleen LoCicco TIME: 5pm DATE: 1/24/20