ORANGE REGIONAL MEDICAL CENTER

SURGICAL BOOKING AND PERIOPERATIVE ORDERS SHEET

Completed form must be faxed to the ORMC Scheduling Office Inbound 845-333-1041

Patient Label: Revised 11/1

PATIENT NAME: Ayde Mendez | DOB: 9/3/76 | SEX: F | Diagnosis: Cataract

ADDRESS: 116 W Main ST | Surgeon: Kates | Assistant:

Middletown NY 10940 | CPT CODE 66984 | ICD 10 CODE H25.12 | PRE-CERT #:

HOME NUMBER | CELL NUMBER daughter 545-9758 | INSURANCE CO. Affinity | INSURANCE ID NUMBER 001055230 J

PROCEDURE DATE 12/2/19 PROCEDURE LENGTH 45 ☒ LEFT ☐ RIGHT ☐ BILATERAL ☐ TRIAL PRODUCT

PROCEDURE ORDER FOR CONSENT: Cataract extraction with Intraocular Lens Implant left Eye

Spanish Speaking

IS PATIENT BEING SCHEDULED FOR BLOODLESS SURGERY ☐ YES ☐ NO PATIENT IS ERAS ☐ YES ☐ NO

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

'ATIENT 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 Iris Hooks, Malyugin, Vision Blue

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

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

] PST MEPS being done at ☐ ORMC ☐ CRHC ☐ MEPS Consultation by Dr. _____ Diagnosis _____

] PST Nurse only – patient NOT on insulin or anticoagulant NO primary

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

IABETIC ☐ Yes ☐ No ON INSULIN ☐ Yes ☐ NO ON ANTICOAGULANT ☐ Yes ☐ No Type _____ HISTORY SLEEP APNEA ☐ Yes ☐ N

RE-SURGICAL MEDICAL EVALUATION

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

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

RE-SURGICAL TESTING ORDERS ☐OTHER _____

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

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

ERI-OPERATIVE ORDERS FOR ERAS PATIENTS ☑follow ERAS protocol FOR PATIENTS WITH DIABETES ☑follow Perioperative Insulin Protocol Order Se

] Blood 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

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

] KUB X-Ray upon arrival to Pre-Op ☐ Intraop Venodyne ☐ Intraop Foley ☐ Additional Orders _____

LLERGIES ☐ None Known ☐ LATEX ☐ METAL ☐ OTHER _____

LLERGIC REACTION _____

EDICATIONS 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 ri

] Vancomycin _____mg IV ☐ Gentamicin _____mg IV ☐ Clindamycin _____mg IV ☐ Metronidazole _____mg IV or PO (CIRCLE ON

] Levofloxacin _____mg IV or PO (CIRCLE ONE) PEDIATRIC DOSING ONLY _____mg/kg IV

dditional Pre-operative orders _____

HYSICIAN SIGNATURE /PRINTED NAME: M Kates TIME: 9:00 DATE: 10/11/19

TAFF SIGNATURE/PRINTED NAME: LB Poquette TIME: _____ DATE: _____