



## SURGICAL BOOKING AND PERIOPERATIVE ORDERS SHEET

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

Patient Label

PATIENT NAME: <u>Ronald Appel</u>		DOB: <u>12/21/53</u>	SEX: <u>M</u>	Diagnosis: <u>Barrett Esophagus</u>
ADDRESS: <u>2012 John Jay Ct</u>		Surgeon: <u>Ellis</u>		Assistant:
HOME NUMBER: <u>New Windsor NY 12553</u>		CPT CODE: <u>43239</u>	ICD 10 CODE: <u>K22.70</u>	PRE-CERT #: <u>Blackth</u>
CELL NUMBER: <u>629-9403</u>	INSURANCE CO.: <u>Medicare</u>	INSURANCE ID NUMBER: <u>9064JP30N 64</u>		
PROCEDURE DATE: <u>3/4/20</u>		PROCEDURE LENGTH: <u>30m</u>		<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL <input type="checkbox"/> TRIAL PRODUCT
PROCEDURE ORDER FOR CONSENT: <u>EGD</u>				

IS PATIENT BEING SCHEDULED FOR BLOODLESS SURGERY ☐ YES ☐ NO

PATIENT IS ERAS ☐ YES ☐ NO

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

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: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

☐ PST-MEPS being done at ☐ ORMC ☐ CRHC ☐ MEPS Consultation by Dr. \_\_\_\_\_

☐ 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

Surgical 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: \_\_\_\_\_

☐ T & S # OF UNITS \_\_\_\_\_ ☐ CBC ☐ 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

PERI-OPERATIVE ORDERS FOR ERAS PATIENTS ☒ follow ERAS protocol FOR PATIENTS WITH DIABETES ☒ follow Perioperative Insulin Protocol Order Set

☐ 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: \_\_\_\_\_

ALLERGIES: ☐ None Known ☐ LATEX ☐ METAL ☐ OTHER: \_\_\_\_\_

ALLERGIC REACTION: \_\_\_\_\_

MEDICATIONS 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

☐ Vancomycin \_\_\_\_\_ mg IV ☐ Gentamicin \_\_\_\_\_ mg IV ☐ Clindamycin \_\_\_\_\_ mg IV ☐ Metronidazole \_\_\_\_\_ mg IV or PO (CIRCLE ONE)

☐ Levofloxacin \_\_\_\_\_ mg IV or PO (CIRCLE ONE) PEDIATRIC DOSING ONLY \_\_\_\_\_ mg/kg IV

Additional Pre-operative orders

PHYSICIAN SIGNATURE / PRINTED NAME: \_\_\_\_\_

TIME: 5:03 DATE: 2/12/20STAFF SIGNATURE/PRINTED NAME: Diane YankTIME: 5:03 DATE: 2/12/20

**Progress Note**

**Patient:** APPEL, RONALD J  
**Account Number:** 44578  
**DOB:** 12/22/1953 **Age:** 66 Y **Sex:** Male  
**Phone:** 845-629-9403  
**Address:** 2012 JOHN JAY CT, NEW WINDSOR, NY-12553  
**Pcp:** Joena R Chan

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**Provider:** Aviva T Frommer, PA

**Date:** 02/12/2020

**Subjective:****Chief Complaints:**

1. GI CON- Increased belching, acid in throat.

**HPI:**

-: 66 yo male accompanied by his wife here for acid reflux - pt had EGD 2016: possible Barrett esophagus, pt then had EGD in Mt Siani, - no pathology brought in. -done in 2016 as well, pt had food in stomach during EGD- gastroparesis noted.

pt is taking nexium BID, but will intermittently have heartburn worse at night, the wife states pt snacks " all night long" denies dysphagia

last colonoscopy 2016: no polyps

bowels are moving well, pt is on pain medication for his back - will take Colace as needed, denies rectal bleeding.

**ROS:**General/Constitutional:

Change in appetite denies. Fatigue denies. Weight gain denies. Weight loss denies.

Respiratory:

Shortness of breath with exertion denies. Cough denies.

Cardiovascular:

Chest pain denies.

Gastrointestinal:

Abdominal pain denies + GERD. Change in bowel habits denies. Nausea denies.

Vomiting denies.

**Medical History:** Cervical Disc Degeneration (722.4) , comments:no surgery Dr. Razi neuro sx q1mo WC injury 11309 ;, Shoulder Region Dis Ot (726.2) , BPH (600.00) , Esophageal Reflux (530.81) , Allergies, seasonal (477.0) , Abnl Kidney Funct Study (794.4) (since- 04-22-2010) , Hyperlipidemia OtUnspec (272.4) , Insomnia Unspecified (780.52) , comments:chronic , Hypertrophy (benign) of prostate (600.00), Impaired fasting glucose (790.21), Headache (784.0), Fatigue (780.79), Palpitations (785.1), Coronary arteriosclerosis (414.00), Low serum testosterone (257.2), Colonic polyp.

**Surgical History:** Hemorrhoid Surgery , Knee Arthroscopy , Knee Arthroscopy x 2 , Shoulder Surgery-left x2 , Shoulder Surgery--right shoulder, full tear of supraspinatus 09-13-2010, wisdom teeth extraction , radio ablation in neck , prostate surgery MSK 10/13/2017.

**Hospitalization/Major Diagnostic Procedure:** Facet injection in neck x6 -Cornwall hospital 2016-1, radio ablation 3/2016.

**Family History:** Father: deceased, Father dec CHF 86 Prost CA and kidney ca ;, diagnosed with Cancer. Spouse: alive. Mother: deceased, Mother COPD ;. 1 sister(s) - healthy. 1 son(s) , 2 daughter(s) - healthy.

There is no family history of premature coronary artery disease or sudden cardiac death.

**Social History:**Tobacco Use:

Tobacco Use/Smoking

Are you a *nonsmoker*

Drugs/Alcohol:

Alcohol Screen

Did you have a drink containing alcohol in the past year? *No*

Points *0*

Interpretation *Negative*

**Drugs**

Have you taken opioid medications for non-medical reasons? No

**Miscellaneous:**

Children: yes.

Caffeine: 1-2 cups per day.

Marital status: married.

The patient is a lifelong nonsmoker. He denies alcohol or drug use. He is retired (on disability following a back injury).

**Medications:** Taking Omega 3 1000 MG Capsule 3cap daily Orally Once a day, Notes: per pt, Taking Citracal/Vitamin D 1200-1000 MG-UNIT Tablet 1 tablet Orally Once a day, Notes: per pt-, Taking Biotin 5000 MCG Tablet 1 tablet Orally Once a day, Notes: per pt-, Taking Probiotic Capsule 1 capsule Orally once a day, Notes: per pt, Taking Nucynta 100 MG Tablet 2 tablet Orally TWICE A DAY, Notes: per pt, Taking Esomeprazole Magnesium 40MG Capsule Delayed Release 1 capsule Orally twice daily, Notes: per pt, Taking Rosuvastatin Calcium 5MG Tablet TAKE 1 TABLET DAILY Orally Once a day, Notes: per pt, Taking Triazolam 0.25 MG Tablet 2 tablets at bedtime as needed Orally QHS, Notes: per pt, Not-Taking Allegra 1 tablet orally PRN, Notes: PRN per pt, Medication List reviewed and reconciled with the patient

**Allergies:** Seasonal, Milk.

**Objective:**

**Vitals:** BP 134/92 mm Hg, Ht 66.5 in, Wt 142 lbs, BMI 22.57 Index.

**Examination:****\*General Examination:**

GENERAL APPEARANCE: well developed, well nourished, in no acute distress.

GI: Normal bowel sounds, soft, nontender, nondistended.

EXTREMITIES: no edema.

**Assessment:****Assessment:**

1. Barrett esophagus - K22.70 (Primary)

**Plan:****1. Barrett esophagus**

Continue Esomeprazole Magnesium Capsule Delayed Release, 40MG, 1 capsule, Orally, twice daily, Notes: per pt .

Notes: low acid diet discussed- info sheet given to pt, advised pt, no eating 3 hrs before bed, sleep with head elevated, recommend pt repeat EGD to eval HH HP PUD BE r/o dysplasia, risk and benefits reviewed pt .

**Follow Up:** 4 Weeks

**Provider:** Aviva T Frommer, PA

**Patient:** APPEL, RONALD J **DOB:** 12/22/1953 **Date:** 02/12/2020



Electronically signed by Aviva Frommer , PA on 02/12/2020 at 04:38 PM EST

Sign off status: Completed