

**SURGERY AND ONCOLOGY PROGRAM
PRE-ADMISSION & DAY OF SURGERY ORDERS &
DOCUMENTATION RECORD
(Ophthalmology – Cataract Surgery with Intraocular
Lens Implant)**

Please fax or send a copy to pharmacy and initial:
INITIAL _____

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Name: _____ LAST NAME FIRST NAME
Male Female
J #: _____
DOB: _____
Address: _____

Telephone: _____
OHIP #: _____

TRANSCRIBED BY (sign, designation, date & time 24 h): _____ VERIFIED BY (sign, designation, date & time 24 h): _____

Most Responsible Physician (MRP): Dr. S. Abel Dr. R. Adam Dr. S. Brazel Dr. M. Bujak
 Dr. Z. Butty Dr. L. Derzko-Dzulynsky Dr. M. Iizuka Other: _____

Primary Diagnosis _____ left eye right eye

Required Documents to be completed and sent to Pre-Admission Clinic based on Scheduling Policy
 Booking Request Pre-Operative GP History & Physical Exam
 Pre-Admission & Day of Surgery Orders Pre-Operative Patient Self-Assessment (completed by the patient)
 Consent to Treatment Last Clinic Note or Surgical Consult (recommended)

Type of Pre-Admission Appointment: No Pre-Admission Appointment Required Nursing, Anaesthesia & Medicine Nursing & Medicine
 Nursing phone call/ Drop-in (blood work) Visit Nursing phone call/ Drop-in Visit Drop-in (blood work) Visit
 Other: _____

Check Sunrise/ Connect Ontario for: ECG Blood Work Clinical Notes Other: _____

Pre-Admission Clinic Orders

Day of Surgery Pre-Operative Orders
 Upon arrival, instill one drop to operative eye

Eye Drop		First Set		Second Set		Third Set	
		left	right	left	right	left	right
Tropicamide 1% (Mydracyl)	time						
	initials						
Phenylephrine 2.5% (Mydfrin)	time						
	initials						
Gatifloxacin 0.3% (Zymar)	time						
	initials						

Post-Operative Orders
 Full Diet as Tolerated
 Discontinue saline lock when tolerating oral fluids
 Acetaminophen (Tylenol®) 325 mg 1 – 2 tablets PO q4 – 6h PRN for pain
 Discharge home when stable and meets discharge criteria
 Follow up as per surgeon's instructions

DATE (DD/Month/YYYY) **Time (24 h)** ____:____h **SIGNATURE** **PRINT NAME**