SURGERY AND ONCOLOGY PROGRAM

PRE-ADMISSION & DAY OF SURGERY ORDERS & DOCUMENTATION RECORD (Ophthalmology – Non-Cataract)

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

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-Admission & Day of Surgery Orders
☐ Consent to Treatment
☐ Pre-Operative GP History & Physical Exam
☐ Pre-Operative Patient Self-Assessment (completed by the patient)
☐ Last Clinic Note or Surgical Consult (recommended)

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

Reason: _____
☐ Nursing, Anaesthesia & Medicine ☐ Nursing & Medicine
☐ Nursing phone call/ Drop-in Visit ☐ Drop-in (blood work) Visit

☐ **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 (specify drug, dose, route below)		Documentation	
		Left	Right
	time given		
	Initials		

☐	
☐	
☐	

	Post-Operative Orders
☑	Full Diet as Tolerated
☑	Discontinue saline lock when tolerating oral fluids
☐	Acetaminophen (Tylenol ®) 325 mg 1 – 2 tablets PO q4h 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**