

Long Island Eye Surgery Center

601 Suffolk Avenue

Brentwood, NY 11717

631-231-4949 FAX 631-951-2022

Pre-Operative Ocular History

Name: _____ DOS: _____

- Chief Patient Complaint:** Difficulty driving Difficulty performing ADL Glare
 Difficulty reading Decreased Vision Irritation
 Other _____

Ocular Exam:

Visual Acuity: Left Eye 20/____ Right Eye 20/ ____

- Impression:** Cataract Glaucoma Pterygium
 Other: _____

Plan: _____ Eye

- Cataract extraction and lens implant with Trypan Blue Dye
 Pterygium excision with conjunctival graft with Mitomycin C
 Trabeculectomy Tube shunt Other: _____

Pre-Operative Orders

- Admit to Long Island Eye Surgery Center
- Routine vital signs on admission.
- NPO on admission.
- Dilate operative eye Left Eye Right Eye Both Eyes
- Tetracaine one drop.
- Pledget Protocol*** (Hold Mydrfrin if systolic BP is above 180 and/or diastolic is above 100 and for glaucoma patients. Notify Anesthesia)
- Please administer the following eye drops to the operative eye; **or** if pupils do not dilate adequately after insertion of pledget, please administer the following:
 - Mydracyl 1% one drop every _____ minutes, _____ times
 - Cyclogyl 1% one drop every _____ minutes, _____ times
 - Mydrfrin 2.5% one drop every _____ minutes, _____ times
 - Acular 0.4% one drop every _____ minutes, _____ times
 - Pilocarpine 2% one drop every _____ minutes, _____ times
 - Zymar 0.3% one drop every _____ minutes, _____ times
 - Neosynephrine 2.5% one drop every _____ minutes, _____ times
 - Lidocaine 4% one drop every _____ minutes, _____ times

Other:

***Pledget consists of:** Mydracyl 1% 20 drops, Cyclogyl 1% 20 drops, Mydrfrin 2.5% 20 drops, Acular 0.4% 10 drops, and Zymar 0.3% 20 drops.

Physician Signature

Nurse Signature

Physician Name (print)

Date

Time