MADISON Surgery Center at 1 SOUTH PARK

Pre-Op Phone Call Information

Patient Name:	DOB:	Home Phone:	Work Phone:
DOS	Procedure: ❑ Capsulotomy ❑ Iridotomy ❑ Right Eye ❑ Left Eye		Physician

Allergies: ❑ NKDA

Latex Allergy: ❑ No ❑ Yes

Medications:

Pertinent Hx (Heart and Lung):

Arrival Time:	Pre-op Call RN Signature:

Day of Surgery

Admit Time:		Admitting RN:	**Discharge Time:**	
Admit Vital Signs BP: Pulse: Respiration:			Discharge Vital Signs BP: Pulse: Respiration:	

Eye Drops

❑ Phenylephrine (*Neosynephrine*) 2.5% ophthalmologic solution	Eye ❑ Right ❑ Left at: _____, _____, _____, _____
❑ Tropicamide (*Mydiacyl*) 1% ophthalmologic solution	Eye ❑ Right ❑ Left at: _____, _____, _____, _____
❑ Apraclonidine (*Iopidine*) 1% ophthalmologic solution	Eye ❑ Right ❑ Left at: _____, _____, _____, _____
❑ Pilocarpine (*Isopto Carpine*) 2% ophthalmologic solution	Eye ❑ Right ❑ Left at: _____, _____, _____, _____
❑ Proparacaine 0.5% ophthalmologic solution	Eye ❑ Right ❑ Left at: _____, _____, _____, _____
❑	Eye ❑ Right ❑ Left at: _____, _____, _____, _____

Admitting RN:	Surgeon:

Intraoperative Log

❑ Consent ❑ Site Verification ❑ Time Out ❑ Laser Safety Review RN Signature:

Pre-op Diagnosis:	Post Procedure Diagnosis: ❑ Same

Procedure: ❑ Capsulotomy ❑ Iridotomy Eye ❑ Right ❑ Left	Time In		Time Out	

Settings	Energy mj:		Total Energy:		Pulse:		Total Pulse:	

Nursing Notes:

Follow-up Phone Call

Post-op Call Phone Number: _____
Talked with ❑ Patient ❑ Other: _____ Date: _____ Comments:
❑ Left Message ❑ No Answer Time: _____
General Condition: ❑ Good ❑Fair ❑ Poor
Any unusual vision problems? ❑ Yes ❑ No
Experiencing any discomfort? ❑ Yes ❑ No RN Signature:

Yag Laser Log

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Allergies: ❑ NKDA			
Latex Allergy: ❑ No ❑ Yes			
Medications:			
Pertinent Hx (Heart and Lung):			
Arrival Time:		Pre-op Call RN Signature:	

Day of Surgery			
Admit Time:	Admitting RN:	**Discharge Time:**	
Admit Vital Signs BP: Pulse: Respiration:		Discharge Vital Signs BP: Pulse: Respiration:	

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Admitting RN:	Surgeon:

Intraoperative Log

❑ Consent ❑ Site Verification ❑ Time Out ❑ Laser Safety Review RN Signature:

Pre-op Diagnosis:				Post Procedure Diagnosis: ❑ Same			
Procedure: ❑ Capsulotomy ❑ Iridotomy Eye ❑ Right ❑ Left					Time In		Time Out
Settings	Energy mj:		Total Energy:		Pulse:		Total Pulse:
Nursing Notes:							

Equipment Problem
Comment:
Contacted:
Follow- Up:

Yag Laser Log