

# KAPC Perioperative Eye Irritation Follow-Up Form

Name

Date of Eval. \_\_\_\_\_ Date of Proc. : \_\_\_\_\_

Procedure: \_\_\_\_\_

☐ Anesthesia Team (If available): \_\_\_\_\_ Eye Involved: ☐ Right

☐ Outpatient: Phone#: \_\_\_\_\_ ☐ Left

☐ Inpatient: Room #: \_\_\_\_\_

Risk Screen: ☐ No underlying risk factors for additional complications

☐ Wears contacts ☐ Previous external Eye Pathology/Surgery/Trauma

☐ Immunocompromised ☐ Currently vented ☐ Monocular Vision

Pt's Ophthalmologist/Optometrist/#: ☐ None ☐ \_\_\_\_\_

☐ Consult arranged with: ☐ Pt's eye care Professional ☐ On-call Ophthalmologist

Initial Rx: ☐ Topical NSAIDs ☐ Oral analgesics ☐ Topical Erythromycin

☐ Topical Chloramphenicol ☐ Topical Ofloxacin ☐ Eye patch \_\_\_\_\_(init)

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POD#1 Follow-up:

☐ Patient significantly improved ☐ No further follow-up needed.

☐ Patient to call if symptoms not completely resolved in 72 hours.

☐ Unchanged/Minimal improvement ☐ Worse

☐ Consult arranged with: \_\_\_\_\_

☐ Consult to be arranged by KAPC PA with ☐ Patient's Ophthalm/Optometrist or

☐ On call Ophthalmologist: \_\_\_\_\_

Additional Rx: ☐ Topical NSAIDs ☐ Oral Analgesics ☐ Topical Erythromycin

☐ Topical Chloramphenicol ☐ Topical Ofloxacin ☐ Eye Patch \_\_\_\_\_(init)

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Additional F/U (If needed):

☐ No further follow-up needed.

☐ Contact wearers to F/U with eye care professional prior to wearing contact lenses again.

To go to KAPC office once completed. \_\_\_\_\_(init)