

# KAPC Perioperative Eye Irritation Follow-Up Form

Name
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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/Optomtrist/#:  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/Optomtrist 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)