

SURVIVAL GUIDE

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Leslie Neems C: 847-942-2274

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Jordana Smith C: 215-531-0236 P: 4610

Roy Swanson C: 520-456-6657 P: 4606

Tanu Thomas 210-823-9814

Ovette Villavicencio 520-991-8161

Mingwu Wang 520-204-0614

Martin Worrall C: 520-909-1563 P: 1929

Le Yu C: 734-255-0052 P: 4607

RESIDENTS:

Ahmed Abdelhady C: 609-529-3635 P: 1920

Spencer Moore C: 971-998-5022 P: 1948

Bryson Tudor C: 801-368-1788 P: 1947

Bohan Xing C: 801-448-5197 P: 1934

Brenna Bullock C: 248-444-5331 P: 0542

Arko Ghosh C: 817-307-6525 P: 3534

Jonathan Han C: 714-579-5819 P: 0072

Kashif Iqbal C: 818-370-4527 P: 3642

Andrew Dieu C: 713-518-6944 P: 4611

Rachel Huynh C: 385-216-6542 P: 4612

Namita Mathew C: 404-451-0076 P: 4613

Elizabeth Noh C: 347-986-9064 P: 0092

Serena Choi C: 415-860-6117 P: 4615

David Miller C: 248-756-8192 P: 4614

Samuel Philbrick C: 907-691-5567 P: 3095

Alexander Thompson C: 815-985-0909 P: 1924

Community Faculty:

Dr. Calonje C: 904-1752 H: 760-0624

Dr. Christoforidis C: 614-404-2020

Dr. Duerksen 751-8030

Office 5979 E. Grant Road #115, 85712

OR (Tucson Surgery Center) 1398 N Wilmot Rd

Ph 713-5500

Dr. Fintelmann C: 480-493-6190

Dr. Hunter 293-6740; Jenny @ x106 (Refractive surgery rotation) 5599 N Oracle Rd., 85704

Dr. Kilgore (413) 884-5760

Dr. Kim (801) 703-3573

Dr. McColgin (Cornea Associates) 325-9400

6422 East Speedway Boulevard Suite 100, Tucson 85710

Dr. Tsai C: 891-1265

Retina Associates O: 886-2597

6561 East Carondelet Drive, Tucson 85710

St. Joe's OR front desk 873-3837

Page

To page @ UMC: 4-5868 (physician resources will page whoever you need)

To page @ VA: 5555 (in-house); 629-4650 (outside)

Text page: @epage.umcaz.edu

Remote access

Remote access to **BUMC**: Portal.bannerhealth.com

Remote access to **VA**: Citrixaccess.va.gov

UMC

1501 North Campbell Ave, Tucson AZ 85724

UMC numbers start with 694-

Main operator: 4-0111

Physician resources: 4-5868

UA IT Help-Desk (NetID/password) 694-HELP,

Ophthalmology computer issues 626-8721

ER: 4-7547

Eye cart code: 6093 Hit CS, then 6093, then OK

Portable slit lamps:

1. Tower 1: 9 NS equipment C passcode: 9414
2. Tower 1: 8 NS equipment room passcode: 8425
3. Tower 4: room 5607 (Floor 5) code 0655 (workroom)

Consent form: Patient tab --> view images --> sign eforms --> select forms --> 1408-0000: Consent for Surgery/Procedures/Anesthesia/Sedation

Call room: Tower 4: 5th floor 5606 code: 0876

Main cabinet in ED code: 7-0-7

Micro lab: 4-6282

OR front desk: 4-6120

OR scheduling: 4-6243

In-patient pharmacy: 4-6553

OR holding area: 4-4220

PACU: 4-7510

CDU: 4-7520

Vicki Began pgr. 9005 (UMC equipment issues)

Men's Locker: number 123: code 30-4-38

Women's Locker: number 272, code: 38-4-30

Radiology: 4-4923, 5027, pgr:1687;

Film library: 4-7409

CT scan: 4-6755; MRI/on call: 4-4889, pgr. 1694

Neurorad: 4-6760

Pediatrics Red Team: 520-694-3086

Pediatrics Blue Team: 520-694-0717

Ophthalmology office:

655 N. Alvernon Way, Ste 204, 85711

Pat Broyles: 626-0044 fax: 626-2042

Codes: 000655 or 000491

Alvernon clinic: 707 N. Alvernon Way, 85711

For patients: 694-1460

Front desk: 694-1494 (direct line)

Clinic fax: 694-1464

Betzabet: 694-1486 (surgery scheduling)

Aubrey: 694-1426 (surgery scheduling)

Yvonne: 694-1478 (to make appts for patients)

Ruben: 694-1497

BUMC-South

2800 E. Ajo Way Tucson, Arizona 85713
numbers start with 874-
main: 874-2000
ER: 874-5600
Urgent care: 874-5635
Security: 874-2926
UPH-K help desk: 874-HELP
Call room Oph #201, code: 9139
Psych #557 code:5312
Men and Women's locker: Ophthalmology locker label,
no code required

SAVAHCS (VA)

3601 S 6th Ave. Tucson, AZ 85723
main number: 792-1450-->dial 1-->dial ext
front desk: 6551
Cancellation requests: clinic cancellation button on
home page of intranet, must submit 45 days prior to
vacation
Badge office: Room OA1 Basement building 38
8:30-9am every day

Forgot PIV card: 855-673-4357
Volunteer services: 15027
Diane (computer access): 6479
Wayne (CPRS): 5779
ED: 6613
Radiology: 1825 CT: 6024 MRI: 5521
24/7 radiology: 877-247-9729
Lab: 1837, 6444
Pharm: 6648, pgr. 4943
OR core: 6115
Pre-Op: 6146
PACU: 6141
OR9: 6195
Monica: 2950
Yanssel: 6237

Men's locker: 60 combo: 15-27-38
Women's locker: 85 combo: 31-45-09
omni-cell room code: 21210#
break room code: 4531
Dirty instrument room code: 9999
Tube No. 124

VA long distance calls: 1+area code + number

BUMC dictation: 694-2828

Employee ID:
Work Type:
30 discharge report
33 transfer summary (to outside facility)
60 operative report
Key functions:
1 rewind to beginning and pause
2 pause (5min max)
3 resume recording
4 rewind 3s and play
5 forward to end of file and pause
0 close current job, start next dictation
get job ID and length of dictation

VA dictation:

6-1700 (on-site); or 1800-592-6949
Group ID number: 4617#
Need to get your own User ID# from Diane
Work Type:
21 Discharge Summary
23 Op Report
Key functions:
2 Pause
3 Rewind/ Play
5 Disconnect
6 Priority (STAT)
8 to begin new file
0 Get job ID and disconnect

Banner

Benefits: benefits@bannerhealth.com
or 800-827-2464
HR: cristal.rivera@bannerhealth.com
Retirement: 602-747-4906
Work-Related Injury: Banner Workman Comp
Department 602-747-3329
Drug Test Results: 602-255-7506
Background Check: rapidresponse@pre-employ.com

Key Things to Know for Call and Consults Rotation

Corneal Ulcer

- Place order (non-formulary medication) for Fortified antibiotics Vanc (25 mg/ml) and tobramycin (15 mg/ml) q 1hr or ceftazidime (15 mg/ml) with a comment to separate drops by 5 minutes
- Make sure to give loading doses of Moxifloxacin and check MAR to ensure patients are getting drops!!!
- Call pharmacy about order (694-6553)
- Order corneal culture (gram stain, anaerobic, aerobic cultures), fungal and acanthamoeba culture
- Call micro (694-6282) and go pick up culture plates (micro : first floor tower 4)
- If morgan lens is needed then order medication at same concentration as fortified antibiotics at rate of 10 ml/hr
- If you need a Prokera (amniotic membrane graft) these are found at the OR front desk, you need to fill out a case request and document all information in note: Implant ID, Vendor: Tissue Tech, Prokera style, Expiration, Serial number
- Video on how to insert prokera:
https://www.youtube.com/watch?v=8X_JJ8nsls

How to Book a Surgery (for a Patient in the ED or Inpatient)

- Consent the patient, Consent form: Patient tab --> view images --> sign eforms --> select forms --> 1408-0000: Consent for Surgery/Procedures/Anesthesia/Sedation

- Make a copy and place in ED cabinet, then take picture into clinical documents using phone and give to HUC to scan
- After speaking with the senior resident and attending call the OR front desk (694-6120) and book time
- If intracameral or subconjunctival medications are needed call the OR pharmacy or Inpatient pharmacy after placing miscellaneous medication order to have these ready

Eyelid Lacerations

- 7-0 or 6-0 Vicryl/Silk for lid margin and meibomian gland
- 6-0 or 5-0 Vicryl for Tarsus
- 7-0 or 6-0 Vicryl/Silk for lash margin
- If you don't think the patient will follow up then use absorbable suture (Vicryl/Monocryl)
- Eyelid laceration video: <https://vimeo.com/123879757>

Yag Laser for LPI (Inpatient)

- At main campus, it is located by OR
- Get from OR front desk, lenses and key should be included
- Try and have goniosol with you in your call bag

Exam under Sedation in ED

- Typically this will be used for younger patients
- Just let the ED resident taking care of the patient you would like to do an exam under sedation and they will get everything set up for you
- Make sure you have all the things you need prior to the patient being sedated (needle driver, forceps, sutures, indirect, dilating drops, tonopen, etc.)

Orbital Compartment Syndrome: How to do a lateral canthotomy/cantholysis

- There are canthotomy cantholysis trays in trauma bay in ED
 - Video: <https://webeye.ophth.uiowa.edu/eyeforum/tutorials/lateral-canthotomy-cantholysis.htm>
 1. Sterilize area with betadine
 2. Anesthetize area 2% lidocaine with epinephrine. Apply hemostate to lateral canthal tendon for 1 minute
 3. Cut down skin to lateral orbital rim
 4. Strum inferior canthal tendon. Grasp lower lid with forceps and incise inferior tendon with wescotts
 5. Check that tendon is incised as lower lid will be able to be moved freely from globe
 6. If no improvement in IOP consider superior tendonolysis

Open Globe

- Consent the patient, make sure to dilate other eye, check for apd (directly or by reverse), call senior resident
 - Visual acuity and apd are critical pre-op vitals to document

- Be very careful putting any pressure on eye (if doing ultrasound or IOP check)
- Most cases will need a CT scan to look for foreign body and assess extent of injury
 - NEVER MRI (in case of metallic foreign body)
- Protective eye shield to be worn at all times
- Check tetanus prophylaxis status and update as necessary
- Start Zofran 4mg IV Q6H as needed for nausea
- Start Levaquin 500mg IV
- Check when patient last ate or drank anything, make NPO
- Call Inpatient pharmacy for intraoperative subconjunctival injections of vancomycin 25 mg/0.5mL, ceftazidime 100 mg/mL, and dexamethasone 2 mg/0.5 mL.
- Postoperatively to be started on Moxifloxacin 1 gtt QID, Pred-Forte 1 gtt QID, and Atropine 1 gtt BID to the affected eye.

Orbital Cellulitis

- Important to differentiate between preseptal and post septal involvement
- First step is to get an orbital CT scan with and without contrast
- Evaluate for abscess that needs to be drained (check Wills for criteria)
- Also evaluate if this could be Mucor/Rhizopus (Diabetic, Ketoacidosis, other immunocompromising state)
 - If so EMERGENT ENT CONSULT for bedside scope
- Will need to be started on broad spectrum antibiotics

How to order Lumbar Punctures (LP) as outpatient

1. On Cerner, order an ambulatory referral to IR. In comments, specify that an LP is needed in comments and specify a diagnosis
2. Place order for LP ("Lumbar puncture with fluoro"); in comments, say you need opening pressure (if you need it), and if so, specify you want the LP in lateral decubitus position
3. Fax the order to the IR department (520-694-9613). The fax is needed, or else IR will not know about the LP order
4. Optional: To assure the fax is received and that they are aware of the patient, call IR at 520-694-1104

Rotation Specific Guidelines

Dr. Yu (General)

- *Technician:* Karen Tapia (KT)
- OR days are typically Wednesdays (she will typically order all of her pre-op and day of surgery drops)
 - You need to get to South Campus or Wyatt Surgery Center after Grand Rounds and find the

- patient, introduce yourself, mark the eye and do the preop H and P when at South campus
- o She will do the operative note and discharge paperwork
- *Key Topics to Know:* different types of cataracts, corneal abrasions, hydroxychloroquine screening protocol, diabetic screening, anterior uveitis, HSV/VZV, Idiopathic intracranial hypertension, dry eye, blepharitis, meibomian gland dysfunction etc.

Dr. Zhang (Cornea)

- Stain every patient, evert every upper eyelid
- Write notes and suggest plan, she will edit and correct
- OR Monday mornings

Dr. Swanson (Comprehensive)

- OR days are typically Mondays at South campus and Wyatt. Some Wednesdays at Reid Park Surgery Center.
 - o You need to get to South Campus or Wyatt Surgery Center after Grand Rounds and find the patient, introduce yourself, mark the eye and do the preop H and P when at South campus. You will then need to do the depart requirements (diagnosis, follow-up and he will give written instructions to the patient)
- Clinic can be fast paced and with a wide range of pathology. Try to pre-chart patients, then see patient, do exam, write note and present plan of Dr. Swanson.

Dr. Altenbernd (Glaucoma/General)

- *Technician:* Nicole
- Has personal template for physical exam and assessment/plan
- Review OCTs, HVFs, Optic nerve photos
- Typically does laser procedures (SLT and LPis) early before clinic
- *Key Topics to Know:* open and closed angle glaucoma, pigment dispersion glaucoma, pseudoexfoliation glaucoma, glaucoma medications, high yield glaucoma studies (EMGT, OHTS, AGIS, etc.), anterior/intermediate/posterior uveitis

Dr. Smith (Pediatrics)

- Technicians: Deborah Johnson, Rhonda Cooley
- Surgery days are typically Tuesdays (she will order all pre-op and day of surgery drops)
 - o She typically operates at Main campus
 - o She gets there super early (1 full hour)
 - o Find the patient, mark the eye (don't mark if bilateral symmetric surgery) and do the preop H and P
 - o She will usually do the operative note but you may do it as well
- She will have you prep the patient for surgery, she will show you this once, make sure you are paying attention

- Practice hand-tying
- *Key Topics to Know:* all forms of strabismus, nasolacrimal duct obstruction, congenital and juvenile glaucoma, amblyopia management.

Dr. Jabroun

- Very detailed and particular.
- Surgery on Tuesdays at main for children and south for adults, get there early, mark patient, do H&P

Dr. Holmes

- You shadow him throughout clinic
- Surgery on Tuesdays at south campus, show up at least 30 minutes early, do H&P, mark patient (mark both sides if bilateral), write EOM/PACT/DMR on whiteboard in OR
- *Key topics to know:* Harada-ito, Faden/posterior fixation sutures, Thyroid Eye Disease, dragged-fovea diplopia

Dr. Polonski (Plastics)

- Surgery days are every other Wednesday
 - o You need to do pre-op H and P and discharge orders/instructions. He does op-note immediately.
- Need to practice suturing/operating with surgical loops prior to operating
- *Key Topics to Know:* enucleation vs evisceration vs exenteration, orbital lymphoma, squamous cell carcinoma, blind painful eye, nasolacrimal duct obstructions, orbital cellulitis with abscess

Dr. Neems (VA Plastics)

- Surgery days are Tuesdays
- Be comfortable suturing, practice in the wet lab, understand lid pathology
- *Key Topics to Know:* *blepharoptosis, dermatochalasis, brow ptosis, facial cancer including lid cancers*

Dr. Mingwu Wang (Cornea)

- Typically just has 1 pm clinic every other week
- Very fast paced clinic (anterior segment exams only), you need to do all of the notes
- *Key Topics to Know:* VZV/HSV, corneal ulcer, corneal abrasion, corneal dystrophies, keratoconus, Conjunctival intraepithelial neoplasia, dry eye syndrome, neurotrophic cornea, Peripheral ulcerative keratitis, staphylococcus marginal keratitis, blepharitis

Dr. Thomas (VA Retina)

- Pretty busy clinic, you will get your laser and intravitreal injection numbers this rotation
- OR days are Thursdays
 - o Please be prepared you are a very big help in these surgeries as you will be helping with lubrication and scleral depression
- *Key Topics to Know:* diabetic retinopathy, ARMD, CSCR, juxtafoveal telangiectasia, pathologic and degenerative myopia, low vision aids

AEC (Arizona Eye Consultants)

Glaucoma

Dr. Jason Levine (cell: 520-349-3222); Dr. Khin Kilgore (cell: 413-884-5760)

OR days: Tuesdays (for both), sometimes Dr. Kilgore has add-on cases on Thursdays at noon. Mostly cataracts (some with MIGS) but often they will have a few glaucoma procedures at the end.

West Office

395 N. Silverbell Rd. Suite 255
Tucson, AZ 85745

East Office

6422 E Speedway Blvd. Suite 100
Tucson, AZ 85710

Northwest Office

2177 W. Orange Grove
Tucson, AZ 85741

Foothills Surgery Center

2220 W Orange Grove Rd, Tucson, AZ 85741

Camp Lowell Surgery Center

4620 E Camp Lowell Dr, Tucson, AZ 85712

OR information:

- Camp Lowell surgery center and Foothills surgery center
- You will need to call the surgery centers to figure out which cases are running and where each physician will be. I usually picked the location/physician with more glaucoma cases. Sometimes you can discuss it with whichever physician you are with earlier that week.
- Make sure you filled out the paperwork before arriving at either surgery center. They both use the same paperwork, and both require copies of your immunizations before stepping foot in the OR.
- Office Days and Locations: Hours are 8-5 PM. They have multiple offices and rotate between the offices on different days. Usually, you can join one of them and bounce between the two physicians if they are in the same office depending on which one has more interesting glaucoma patients that day.
The exact addresses will be below:
 - Mondays: Both are in the East office.
 - Tuesdays: OR day
 - Wednesdays: Both are in the West office.
 - Thursdays: Dr. Levine is in the West office; Dr. Kilgore is in the Northwest office
 - Friday afternoons: Dr. Kilgore is in the east office; Dr. Levine is not in the office.
 - These days/locations are variable and sometimes they will be in different offices, so it is important to text Dr. Levine and/or Dr. Kilgore the day (or weekend) prior to working with them to get an idea of where they will be and update them that you will be joining them.
- Key Topics to know: Primary open angle glaucoma (obviously), secondary glaucoma, different IOP

drops (helpful to know brand names and color of tops), OCT RNFL interpretation, visual field interpretation, gonioscopy, Ahmed glaucoma valve, Trabeculectomy, Xen gel stents, MIGS, CPC, LPIs, SLTs

Tips:

- Rotation is shadowing; you do not have access to the charts/EMR and will not be writing notes.
- **Make sure to text Dr. Levine and Dr. Kilgore the weekend before you start** working with them to get an idea of what your week will look like and which OR you will be in that week.
- They are incredibly fast-paced and will see dozens of patients in a half-day. They have 1-2 scribes each and will most often be running multiple rooms. This may make it daunting to ask questions, but they are happy to answer questions and are very nice. Another good time to ask questions is in the OR during the cases or in-between cases.
- Your involvement will mainly be a quick anterior exam, possible gonioscopy and possible 90D exam at the slit lamp after they are done with their exam and if there is interesting pathology. It was helpful to write down some of the exam aspects stated to the scribe (i.e. C/D ratio, gonioscopy findings) and try to make sure I get similar exam findings when I examine the patient.

Cornea Associates Typical Schedule

6422 East Speedway Boulevard Suite 100, Tucson

Monday: clinic all day

Tuesday: surgery in am, clinic with Dr. Wang at Alvernon in pm

Wednesday: clinic in am then surgery in pm

Thursday: surgery in am

Friday: clinic in pm

Retina Associates Typical Schedule

Monday: clinic with Dr. Walsh

Tuesday: am – OR with Dr. Walsh, Tuesday pm – clinic with Dr. Javiid

Wednesday: am – clinic with Dr. Harris, Wednesday pm – OR with Dr. Javiid

Thursday: clinic with Dr. Saevaedra or Stevenson

3RD YEAR VA ROTATIONS

Retina Rotation

| | AM | PM |
|------------------|----------------|--------------------------|
| <i>Monday</i> | Retina | Retina |
| <i>Tuesday</i> | OR (until 3pm) | Post 3 (starting at 3pm) |
| <i>Wednesday</i> | Retina Laser | Post 1 |
| <i>Thursday</i> | Pre-Op 1 | General |
| <i>Friday</i> | | General |

Retina Clinic: assist with working up patients, giving injections, performing laser procedures. Similar to retina rotations in 1st/2nd years. See patients and staff with Dr. Thomas.

Cornea Rotation

| | AM | PM |
|------------------|---|--------------------------|
| <i>Monday</i> | Cornea | Cornea/General |
| <i>Tuesday</i> | General | Pre-Op 1 |
| <i>Wednesday</i> | OR (Belin) – late start due to grand rounds (~10am-3pm) | Post 2 (starting at 3pm) |
| <i>Thursday</i> | OR (Villavicencio) | Anterior Segment Laser |
| <i>Friday</i> | | Post 2 |

Cornea Clinic: see all cornea patients, staff necessary patients with Belin (consider staffing all patients in the beginning, then can decide if a patient needs to be staffed, eg if they have been seen for dry eye and are doing well on their current regimen Belin may not have to see them)

- Jamie (pharmacist) is super helpful on this rotation if you need to order drops for CIN, etc. Save her as a contact in your Skype chat.

Anterior Segment Laser Clinic: you will have mostly Yag Caps with some LPs in this clinic

- Check IOPs pre-procedure
- Yag Cap: use capsulotomy lens from omnical. dilate patients, perform the laser, check IOP 15-20 minutes later
- LPs: use LPI lens from the omnical. pilo + apraclonidine, perform the laser, check IOP 15-20 minutes later

Glaucoma Rotation

| | AM | PM |
|------------------|------------------|----------------|
| <i>Monday</i> | OR (Pugazhendhi) | Glaucoma |
| <i>Tuesday</i> | Post 1 | General |
| <i>Wednesday</i> | Glaucoma | Glaucoma Laser |
| <i>Thursday</i> | General | Pre-Op 1 |
| <i>Friday</i> | OR (Wang) | Post 1 |

Glaucoma Clinic: after patients have been worked up by the tech, see patients and staff with Dr. Pugazhendhi. I would often try to alternate seeing patients with her. May need to help work up patients if there is no tech.

- Jamie (pharmacist) is super helpful on this rotation if you need to order drops like Rhopressa, etc. Save her as a contact in your Skype chat.

Glaucoma Laser Clinic: you will have LPs and SLTs in this clinic

- Check IOPs pre-procedure
- LPs: use LPI lens from the omnical. pilo + apraclonidine, perform the laser, check IOP 15-20 minutes later
- SLTs: use single mirror disposable lens from the omnical. pilo + apraclonidine (if you can see the TM well, you don't really need to wait until the drops work before performing the laser), perform laser, check IOP 15-20 minutes later

Notes on Other Clinics

Pre-Op Clinic

- You will start with a cap of 3 patients per clinic in the beginning of the year, this will increase to 5
- These patients should be ready to be signed up for cataract surgery – have been seen by optometry, continuity, or gen and are interested and meet criteria for surgery
- They see Monica first for IOL calcs and vitals
- Monica then puts their paperwork on your door
- Always refract every patient (especially when staffing with Belin – even if the patient was refracted last week!)
- Dilate patient and perform complete eye exam
- Remember to look at medical history: diabetics (what was their most recent HgbA1c, should you repeat this before surgery? Do they need an OCT mac?)
- Staff patient with the MOD
- Pick surgery date – put patient's last name and last 4 on the surgery calendar in outlook on the date that you agreed upon. If you do not have access to the surgery calendar you will need to request this asap.
- Sign consent, fill out surgery packet
- See Christianne's pre-op check list for more details

OR Days

- We operate in OR 9, the 1st case starts at 7:45am except where noted above
- Show up 45min-1hour before your first case to prepare for the day
- Get all IOLs to be used for the day
 - Standard SN60WF (and normal power torics) located in the storage room across from OR 9
 - Torics and special order IOLs located in Evon's office
- Mark the patient, fill out and sign pre-op form at the bedside
- Pre-write all pre-op notes
- Let OR staff know if you will need anything for the case likeomidria, malyugin, etc
- After surgery, fill out and sign post op instructions in the PACU

- It is helpful to know when the patient's post op appointment is so you can write it on their post op instructions as well
- Go out to the waiting room to let the family know how the case went
- See the next patient – mark them, do paperwork
- Put in brief op note for the previous case and pre-op note for the next case

General Clinics

- Essentially continuity 2 clinic

Post Clinics

- You will see POD0, POD1, and POW1s in these clinics
- You see all of the attending post ops as well
- You will also pre-op second eyes in these clinics – at this point they've already been staffed with an attending and really only need to do paperwork and sign consent form

Pre-op Clinic Checklist

1. *Does the patient want surgery?* (if no then don't waste their time or your time doing a full preop)
2. If DM2: is A1C <9, if borderline have a thorough risk discussion with pt about post op complications with poorly controlled DM. Consider having them return in 6 months to get A1C down.
3. Has the patient had a major heart or CVA events in the last 6 months. If new cardiac issues or pulm issues, pt may not be safe for anesthesia and you should CC **Ana Cardenas** to your pre-op note if you want to sign them up to make sure you get cards or pulm clearance.
4. Check VA with HRx
5. Check MRx
 - a. Is MRx worse than or equal to 20/40?
 - i. If no, then do a BAT glare test with either trial frames or HRx on.
 1. Is the BAT worse than 20/40? If not discuss with pt that CE may not help them and offer to see them back in 6 months for cataract eval.
 - ii. If yes, and you already have IOL calcs/ pentacam from Monica, dilate OU
 - iii. If yes, and you don't have IOL calcs/ pentacam yet, send to Monica and ask her to dilate once she gets calcs done.
 - b. DFE, then document the **type of cataract** and **pupil size...** trauma, PXF, retinal pathology?
6. Have pt **sign consent for Cat phaco and Retina vitrectomy** (all attendings), pick an OR day and add it to the calendar... for #7: Qualified Practitioners, including residents, may also be performing important tasks related to the surgery based on their skill set and under the supervision of the responsible Primary Surgeon.
7. Fill out surgery packet – give pt blue, green and yellow sheets. If Vicki is available, she can go over

the instructions with the patients. If Vicki is not available, you will need to go over the instructions with them yourself.

8. Confirm pt has a ride to and from surgery:
 - a. If they do not, sign them up for companion care: sign **consent** for companion care, and you must place *companion care consult*: Consult → standard → not seen → companion care – ophthalmology in CPRS
9. Notes about companion care patients: they are usually scheduled as one of the first cases of surgery, patient name, and lens needed... and encrypt it
10. Put completed paperwork in Monica's room; for H&P, identify additional signers: Bracken, Marcia and Granillo, Monica