Please have the following information ready prior to Chief Complaint _____ contacting the Optometrist on Call: **History of Present Illness** Patient Name, DOB, MRN Picture of the eye sent via 1. Location – Which eye? **Tiger Text** Right Left Both **Optometry Consultation** 2. Duration – How long has the patient had this problem? **Check List items completed** Recommended exam ___Day(s) ___Week(s) ___Year(s) ___Hr(s) testing as indicated 3. Context – What was the patient doing when this problem started? 4. Quality – Describe the problem. Was the onset sudden or gradual? Sudden Gradual Is the symptom constant or intermittent? Constant Intermittent Is the symptom worsening, improving, or stable? Worsening Improving Stable 5. Severity – Quantify or describe. 1 2 5 6 10 4 Moderate Mild Severe 6. Timing – Is it worse during a time of day or activity? 7. Modifiers – Does anything make it better or worse? Meds? 8. Associations – Are there other signs or symptoms that occurred at time of onset? ☐ Visual Acuities Right eye 20/___ Left eye 20/___ (see footnote if worse than 20/400) 1. Is the patient wearing glasses or contact lenses right now? Yes No 2. Does the patient wear contact lenses? Yes No Confrontation Visual Fields **Extraocular Muscles** ☐ Pupils ☐ Chart Review

Optometry Consultation Check List

Footnote:

If the patient is unable to distinguish the 20/400 letter at 20 feet, have the patient move closer until they can see it. Note the visual acuity and distance. Other subsequent methods of obtaining visual acuities include Counting Fingers at "x" feet, Hand Motion at "x" feet, Light Perception, No Light Perception, and Fixate & Follow.

Perform if indicated: Fluorescein exam, Intraocular Pressure, Direct Ophthalmoscopy

Emergency Eye Care

Problem	Exam Recommendations	Case History
Moderate to Severe Eye Pain	 Evaluate under slit lamp with and without Fluorescein If cornea is clear, take eye pressures with Tonopen (numb first with 1gtt proparacaine) Pupils Does pain go away with proparacaine? Is there associated lid edema? 	 Is pain constant or intermittent? Was there trauma? Contact Lens wearer? Did they sleep in contacts? Is there nausea/vomiting? Headache? Vision changes?
Eye Injury/Trauma	 Pupils If MRI reveals orbital fracture or entrapment, consult ENT Dilated exam can be done once lid swelling has decreased and patient is able to open lid if there are no other concerns 	 What hit the eye? When did this happen? Vision changes? New flashes of light or floaters? Concern for penetrating wound?
Foreign Body	 Irrigate eye with sterile saline Evaluate under slit lamp with and without Fluorescein Positive or Negative Seidel's Sign Attempt to remove with cotton swab or metal spud if able 	 What got into the eye? When did this happen? Were they wearing PPE? Vision changes? Concern for penetrating wound?
Chemical Burns	 Irrigate eye immediately with sterile saline continually for at least 10 – 15 minutes, and until eye pH is at 7.0 	What got into the eye?When did this happen?Vision changes?
Flashes of Light New Floaters	 Visual acuities of each eye are important Pupils Monocular confrontation fields 	 How long has this been going on? Are these NEW floaters or old floaters? History of trauma? Vision loss or portion missing? Do you notice a curtain?
Acute Vision Loss	 Monocular visual acuities Pupils Monocular confrontation fields 	 How long has this been going on? Sudden vs gradual vision loss? Intermittent vs constant? History of trauma? Do they wear corrective lenses? Are they currently wearing them? History of HTN? DM? Headache?
Conjunctivitis	 Evaluate under slit lamp with and without Fluorescein Evaluate discharge: watery vs mucous 	 Bilateral vs Unilateral? Contact Lens wearer? Did they sleep in them? Itchy vs scratchy vs painful? Vision changes? Circumlimbal Flush? Recent illness?

Visual Acuity

A visual acuity can be obtained on most patients. Start with one eye at a time, move from right eye to left eye, then both eyes open. If they are supposed to wear corrective lenses, make sure they are wearing them. Note whether the visual acuities are with or without correction.

If patients claim they cannot see the chart, attempt to quantify it by other methods. Remember to cover the eye that is not affected. Is their vision completely black? Is it just blurry? Can they see lights? Can they see your face or hand? Can they count your fingers? Note what they can see and at what distance.

Examples: Finger Counting at 3 ft; sees face but no details; no light perception; able to fixate and follow finger at 2 ft

Tonopen Instructions

1 gtt of Proparacaine in each eye. Click blue button once. Holding tonopen perpendicular to patient's eye, tap in the center of the cornea (aim for the pupil) **TEN** times. The tonopen will show you an average reading.

Replace used Tonopen cover with a new one after each use before storing.

Tonopen How-To Video https://m.youtube.com/watch?v=Xx6FXiBXBLE