EYE AND VISION DISORDERS

OCULAR HISTORY

1. PATIENT PERCEPTION OF PROBLEM
2. DECREASED VISION?
3. BLURRED, DOUBLE, DISTORTED?
4. PAIN? QUALITY OF PAIN?
5. ITCHING, DRY?
6. BOTH EYES?
7. DISCHARGE? QUALITY

BASIC HISTORY

1. AGGRAVATING AND RELIEVING FACTORS
2. PREVIOUS SYMPTOMS SIMILAR TO THIS
3. ANY TREATMENTS
4. SYSTEMIC DISEASE, MEDS
5. FAMILY HISTORY
6. CURRENT OCULAR PROBLEMS
7. PERSONAL HISTORY EYE SURGERY, TX
8. ALLERGIES

EYE EXAM
9. **SNELLEN CHART**

1. 20 FT FROM CHART, READ SMALLEST LINE
2. TEST EACH EYE SEPARATELY
   1. 20/20 = CAN SEE LETTERS ON CHART DESIGNATED AS 20/20 FROM 20 FT
   2. 20/200 = CAN SEE AN OBJECT FROM 20 FT AWAY THAT A PERSON WITH 20/20 VISION CAN SEE AT 200 FT AWAY

**EXTERNAL EYE EXAM**

3. **INSPECTION**
   4. PTOSIS
   5. EXOPHTHALMUS
   6. LID MARGINS, LASHES
   7. SCLERA, CONJUNCTIVA
   8. PUPIL RESPONSE
   9. PRIMARY GAZE
   10. EXTRAOCULAR MOVEMENTS

**DIAGNOSTIC EVALUATIONS**

11. DIRECT OPHTHALMOSCOPY
12. INDIRECT OPHTHALMOSCOPY
13. SLIT LAMP EXAM
14. COLOR VISION
15. AMSLER GRID
16. ULTRASOUND
17. COLOR FUNDUS PHOTOGRAPHY
18. TONOMETRY
19. FLUORESCEIN ANGIOGRAPHY
20. PERIMETER TESTING
21. GONIOSCOPY

OPTALMOSCOPY

22. EXAMINES CORNEA, LENS, RETINA, VASCULATURE, FUNDUS, MACULA
23. FUNDUS-NORMALLY NO LESIONS
24. OPTIC CUP-1/3 SIZE OF DISC, LEADS TO OPTIC NERVE
25. VEINS/ARTERIES-LOOK FOR HEMORRHAGES
26. DISC MARGINS-SHARP NORMALLY

TONOMETRY

27. MEASURES INTRAOCULAR PRESSURE
28. MEASURED IN MILLIMETERS OF MERCURY (mmHG)
29. HIGH READING = HIGH PRESSURE
30. INCREASED IOP IS CAUSE OF GLAUCOMA

COMMON OCULAR MEDICATIONS

31. TOPICAL ANESTHETICS
32. MYDRIATICS AND CYCLOPLEGICS
GLAUCOMA TREATMENTS

ANTI-INFECTIVES

CORTICOSTEROIDS, NSAIDS

ANTIALLERGY MEDS

IRRIGATING SOLUTIONS

LUBRICANTS

NURSING CARE WITH MEDS

PROPER ADMINISTRATION

TEACH SIDE EFFECTS

MONITORING FOR SYSTEMIC AND LOCAL SIDE EFFECTS

TEACH PATIENTS PROPER HOME ADMINISTRATION

CAREFUL HANDWASHING

5-MIN BETWEEN VARIOUS DROPS

LOW VISION AND BLINDNESS

LOW VISION = BCVA OF 20/70 TO 20/200

BLINDNESS = BCVA OF 20/400 TO NO LIGHT PERCEPTION

COMMON CAUSES IN ADULTS

MACULAR DEGENERATION

GLAUCOMA

CATARACTS

DIABETIC RETINOPATHY
51. INJURIES
52. INFLAMMATORY DISEASES
53. GENETIC DISORDERS

MANAGEMENT FOR PATIENTS

54. MAGNIFIERS, TELESCOPIC DEVICES
55. LARGE FONT ON COMPUTER
56. “TALKING BOOKS”
57. INCREASED LIGHTING
58. CONSISTENT POSITIONING OF FURNITURE, NO THROW RUGS
59. HEAD POSITIONING TO PLACE IMAGE WITHIN VISUAL FIELD

REHABILITATION SERVICES

60. ORIENTATION AND MOBILITY TRAINING
61. INDEPENDENT LIVING SKILLS
62. WRITING AIDS, COMPUTER, BRAILLE
63. DOG-GUIDE, CANE
64. PSYCHOLOGICAL SUPPORT: GRIEF, COPING, ADAPTATION

WITHIN HOSPITAL SETTING

65. ORIENT PATIENT TO HIS POSITION WITHIN THE ROOM
66. MEAL-USE FACE OF CLOCK FOR WHERE FOOD/DRINKS ARE
67. CALL BUTTON EXPLANATION AND TOUCH
68. INTRODUCE ONESELF WHENEVER ENTERING ROOM
69. ASSESS NEED FOR ASSISTANCE AND INDEPENDENCE LEVEL

OPEN ANGLE GLAUCOMA (OAG)
70. PRIMARY OAG IS MOST COMMON
71. USUALLY BILATERAL
72. IOP VARIES WITH TYPE
73. VISUAL FIELD DEFECTS, OPTIC NERVE DAMAGE
74. MAY HAVE NO OTHER SX OR MAY HAVE OCULAR PAIN, HEADACHE, HALOS

ANGLE CLOSURE GLAUCOMA
75. ACUTE ACG: EMERGENCY: RAPIDLY PROGRESSIVE VISUAL IMPAIRMENT, PAIN, N/V, BRADYCARDIA, SWEATING
76. SUBACUTE ACG: TRANSIENT VISION BLURRING, HALOS, HEADACHES
77. CHRONIC ACG: VISUAL FIELD LOSS, OCULAR PAIN, HEADACHES
78. GOAL: DECREASED IOP, PREVENTION OF OPTIC NERVE DAMAGE

GLAUCOMA PHARMACOLOGIC TX
80. TX FOCUS: GREATEST BENEFIT WITH LEAST RISK, COST, AND INCONVENIENCE TO PATIENT
81. TOPICAL AND SYSTEMIC MEDS USED

MEDICATION OPTIONS
82. BETA BLOCKERS: DECREASE AQUEOUS HUMOR PRODUCTION
83. CHOLINERGICS (MIOTICS): CAUSE PUPILLARY CONSTRUCTION
84. ALPHA 1 ADRENERGICS AGONISTS, CARBONIC ANHYDRASE INHIBITORS: DECREASE AQUEOUS HUMOR PRODUCTION

85. PROSTAGLANDIN ANALOGS: INCREASE UVEOSCLERAL OUTFLOW

SURGICAL OPTIONS

86. LASER: CREATES OPENING IN ANTERIOR CHAMBER ANGLE TO ALLOW EXIT OF AQUEOUS HUMOR

87. FILTERING: CREATES OPENING IN TRABECULAR MESHWORK TO ALLOW DRAINAGE

88. DRAINAGE IMPLANT: TUBE INSTALLED TO MAINTAIN PATENCY OF DRAINAGE FISTULA

HOME CARE

89. MEDICATION USAGE, SIDE EFFECTS

90. SUPPORT SERVICES PRN

91. KEEP OPHTAMOLOGY APPOINTMENTS

92. REFER FAMILY MEMBERS FOR EVALUATION

CATARACT SYMPTOMS

93. PAINLESS BLURRY VISION

94. DIM VISION

95. LIGHT SCATTERING

96. SENSITIVITY TO GLARE

97. MONOCULAR DIPLOPIA
98. ASTIGMATISM
99. COLOR SHIFT

CATARACT DIAGNOSIS

100. INSPECTION: LENS OPACITY-GREY OR MILKY COLOR
101. SNELEN EYE CHART: DECREASED VISUAL ACUITY
102. OPHTHALMOSCOPE EXAM: DIMINISHED OR ABSENT RED REFLEX
103. SLIT-LAMP BIOMICROSCOPIC EXAM

CATARACT TREATMENTS

104. EXTRACAPSULAR CATARACT EXTRACTION
105. INTRACAPSULAR CATARACT EXTRACTION
106. PHACOEMULSIFICATION
107. LENS REPLACEMENT Follows EXTRACTION: USUALLY AT TIME OF EXTRACTION. OPTIONS: CONTACT LENSES OR APHAKIC GLASSES

PREOPERATIVE CARE

108. ROUTINE PREOP EDUCATION
109. WITHHOLD ANTICOAGULANTS
110. NO ASA 5-7 DAYS, NSAIDS 3-5 DAYS, WARFARIN TILL PT OF 1.5 ALMOST REACHED
111. DILATING DROPS Q10MIN X 4 AT LEAST 1 HR BEFORE SURGERY

POSTOPERATIVE CARE
112. VERBAL/WRITTEN INSTRUCTION

113. HOW TO PROTECT OPERATIVE EYE

114. MEDICATIONS

115. SIGNS OF COMPLICATIONS

116. ACTIVITIES TO BE AVOIDED

117. MILD ANALGESIC PRN

POST-OP HOME CARE

118. EYE PATCH X 24 HRS

119. EYEGGLASSES DURING DAY, METAL SHIELD AT NIGHT X 1-4 WKS

120. SUNGLASSES

121. EXPECT DISCHARGE, REDNESS, SCRATCHY FEELING 1ST FEW DAYS, BLURRING X SEVERAL WEEKS

122. RETINAL DETACHMENT RISK-FLOATERS, FLASHING LIGHTS, VISION CHANGE, PAIN, INCREASED REDNESS—NOTIFY SURGEON

CORNEAL TRANSPLANT INDICATIONS

123. KERATOCONUS

124. CORNEAL DYSTROPHY

125. CORNEAL SCARRING FROM HERPES SIMPLEX KERATITIS

126. CHEMICAL BURNS

KERATOPLASTY NURSING MANAGEMENT

127. POSTOP MYDRIATICS X 2 WEEKS, TOPICAL CORTICOSTEROIDS X 12 MO
SUPPORT IDEA OF LONG TERM IMPROVEMENT OF VISION

SELECTIVE SUTURE REMOVAL BY MD

GRAFT FAILURE SX

GRAFT FAILURE

EMERGENCY

EARLY SX-BLURRED VISION, DISCOMFORT, TEARING, REDNESS

DECREASED VISION-LATE SIGN

TX: HOURLY TOPICAL CORTICOSTEROIDS & PERIOcular STEROID INJECTIONS

ORBITAL TRAUMA

HEAD INJURY, MVA

ORBITAL FRACTURE

FOREIGN BODY

OCCUPATIONAL INJURIES, SPORTS

CHEMICAL BURNS

INFECTIONS & INFLAMMATORY DISORDERS

DRy EYE SYNDROME

CONJUNCTIVITIS

UVEITIS

ORBITAL CELLULITIS

MUCORMYCOSIS

HORDEOLUM (STY)
CHALAZION
BLEPHARITIS
BACTERIAL KERATITIS
HSV KERATITIS

DRY EYE SYNDROME

SX-SCRATCHY, ITCHY, BURNING, REDNESS, PAIN, DECREASED TEARS
SLIT-LAMP EXAM
MANAGEMENT: ARTIFICIAL TEARS, ANTI-INFLAMMATORY MEDS
OCCASIONALLY SURGERY

CONJUNCTIVITIS TYPES

INFECTION
ALLERGY
IRRITATING TOXIC STIMULI
SECONDARY INFECTION
MANIFESTATION OF A SYSTEMIC DISEASE

CONJUNCTIVITIS FEATURES

DISCHARGE: WATERY, MUCOID, PURULENT, OR MUCOPURULENT
PRESENCE OF PSEUDOMEMBRANES OR TRUE MEMBRANES
PRESENCE OR ABSENCE OF LYMPHADENOPATHY
TYPE OF CONJUNTIVAL REACTION: FOLLICULAR OR PAPILLARY
CONJUNCTIVITIS DIAGNOSIS

163. HISTORY
164. CHARACTERISTICS OF OCULAR SIGNS
165. ACUTE OR CHRONIC
166. SWAB SMEAR AND CULTURE

CONJUNCTIVITIS MANAGEMENT

167. MILD, VIRAL: SELF-LIMITING, MAY NEED TOPICAL ANTIBIOTIC, EYE DROPS
168. ACUTE BACTERIAL: USUALLY SELF-LIMITING, NEED ANTIBIOTICS
169. HANDWASHING, DISINFECTION OF EQUIPMENT, NO SHARING TOWELS
170. OUT OF SCHOOL/WORK

ORBITAL AND OCULAR TUMORS

171. BENIGN TUMORS
172. ORBIT
173. EYELIDS
174. CONJUNCTIVA
175. MALIGNANT TUMORS
176. Rhabdomyosarcma
177. Eyelid, usus. Basal Cell
178. Conjunctiva
179. OCULAR MELANOMA