

On behalf of Vision Expo, we sincerely thank you for being with us this year.

Vision Expo Has Gone Green!

We have eliminated all paper session evaluation forms. Please be sure to complete your electronic session evaluations online when you login to request your CE Letter for each course you attended! Your feedback is important to us a our Conference Advisory Board considers content and speakers for future meetings to provide you with the best education possible.



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History taking

- The most important aspect of the examination
- Determines cause
- Determines the organization of the exam
- Establishes prognosis
- Important for medicolegal considerations
- Lays the groundwork for the rest of the exam
- Serves as a bridge to the doc's exam

Triage: Systematic approach to determine the severity of the issue

- Emergent NOW!
- ▶ Urgent within 24 hours
- Routine next available appointment

True emergencies

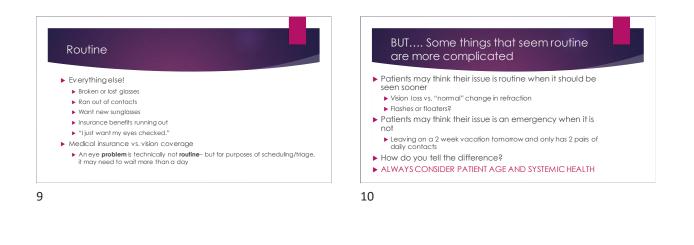
- May lead to permanent vision loss. Require immediate attention!
 - Sudden vision loss
 - Acute angle closure glaucoma
 Acute chemical burns
 - Central retinal artery occlusion (CRAO)
 - Ruptured globe
 - Penetrating injury
 - Retrobulbar hemorrhage
 - New onset severe pain (particularly post-op)
 - New onset flashes and floaters

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Urgencies

- Should be seen today to achieve optimal outcome
 - Acute red eye
 - Acute moderate pain / photophobia
 - Acute swelling or protrusion of the eye
 - Acute foreign body
- Corneal abrasion
- Contact lens related problems*

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Chief complaint and HPI Chief complaint and HPI ▶ What is the issue? Onset: When did it start? "Hours, days, months, years?" ► Location: "Which eye/part of head?" ► Intermittent or constant? ▶ How is the vision? "A few times a day/week/month? Or all the time?" "Is everything blurry or can you still see pretty well?" "Has it happened before?" We expect better outcomes from better vision Relieving factors? Associated symptoms? *Consider systemic issues* "Is there anything you're doing that seems to make it better? How about worse?" "Anything else you think is happening alongside this issue?" Severity? Quality? "How bad would you say it is, on a scale of 1-10?" "Is it a dull ache? Sharp stabbing pain?"

A note about telephone triage...

▶ If call is determined to be routine...

- ▶ Staff must be comfortable they understand what's going on
- Patient must feel comfortable with decision to wait
- If either side is not comfortable, get another opinion!
- Reassurance is often what is being sought
- On the other hand, patients are resistant to emergency management
 Unscheduled visits mean long waits
 - Unscrieduled visits mean long waits

Patient personality influences symptom description!

- The hypochondriac
 Anxiety about medical issues and losing vision
- Will likely insist on being seen ASAP
- Patients who minimize symptoms
 Seeking reassurance
- Will likely resist coming to the office
- The "I don't want to bother anyone" patient
 - Most dangerous!

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- ▶ Getting meaningful answers for triage/HPI is like pulling teeth
- Usually forced to come in by a family member

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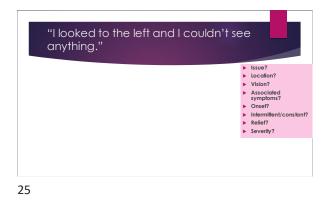




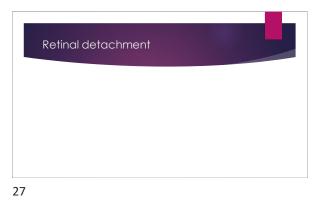
Is it <u>really</u> double?	
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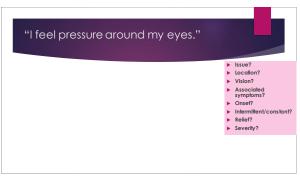












of my left eye."	
	► Issue?
	Location?
	Vision?
	Associated symptoms?
	Onset?
	Intermittent/constant
	Relief?
	Severity?

