

Guideline for Telephone Screening of Ophthalmic Problems

Assign category after completing telephone contact form

COMPLAINT	EMERGENT	URGENT	ROUTINE
	<p>Requires immediate action</p> <p>Advise patient to come to office or go to ER immediately.</p> <p>Notify physician.</p>	<p>See patient within 24 hours</p> <p>Consult with ophthalmologist if in doubt.</p> <p>Err on side of safety.</p>	<p>Schedule next available routine appointment time</p> <p><u>Tell patient to call back if symptoms worsen or vision becomes impaired before appointment.</u></p>
VISION LOSS	<p>Sudden, painless, severe loss of vision</p>	<p>Subacute loss of vision that has evolved gradually over a period of a few days to a week</p> <p><u>Ask if vision loss is persistent (constant) or intermittent (off and on)</u></p>	
	<p>Loss of vision after surgery or procedure</p>		
VISION CHANGES	<p>Vision changes after surgery or procedure</p>	<p>Sudden onset of diplopia (double vision) or other distorted vision</p>	<p>Difficulty with near or distance work, or fine print</p>
		<p>Double vision that has persisted for less than a week</p>	
PAIN	<p>Acute, rapid onset of eye pain or discomfort</p>	<p>Mild ocular pain if accompanied by redness and/or decrease in vision</p>	<p>Discomfort after prolonged use of the eyes</p>
	<p>Progressively worsening ocular pain</p>		
	<p>Worsening pain after surgery or procedure</p>		
FLASHES/ FLOATERS	<p>Recent onset of light flashes and floaters in patient with:</p> <p>1) significant myopia (nearsightedness): <u>ask about history of LASIK or refractive surgery</u></p> <p>2) after surgery or procedure, or</p> <p>3) accompanied by shadows in the peripheral vision.</p>	<p>Recent onset of light flashes and floaters without symptoms of emergent category</p> <p>Many ophthalmologists prefer to see these patients the same day.</p> <p><u>If in doubt, consult with the ophthalmologist.</u></p>	<p>Persistent and unchanged floaters whose cause has been previously determined</p>

COMPLAINT	EMERGENT	URGENT	ROUTINE
REDNESS/ DISCHARGE	Worsening redness or discharge after surgery or procedure.	Acute red eye, with or without discharge	Mucous discharge from the eye that does <u>not</u> cause the eyelids to stick together
	Redness or discharge in a contact lens wearer	Discharge or tearing that causes the eyelids to stick together.	Mild redness of the eye <u>not</u> accompanied by other symptoms
OTHER EYE COMPLAINTS		Photophobia (sensitivity to light) if accompanied by redness and/or decrease in vision	Photophobia as only symptom
			Mild ocular irritation, itching, burning
			Tearing in the absence of other symptoms
BURN	Chemical burns: alkali, acid, organic solvents. <u>Give burn instructions.</u>		
FOREIGN BODY	A foreign body in the eye or a corneal abrasion caused by a foreign body		
TRAUMA (INJURY)	Trauma in which the globe (eye socket) has been or is likely to be disrupted or penetrated	Blunt trauma, such as a bump to the eye, that is <u>not</u> associated with vision loss or persistent pain and where penetration of the globe (eye socket) is not likely.	
	Any trauma that is associated with visual loss or persistent pain		
	Severe blunt trauma, such as a forceful blow to the eye with a fist or high-velocity object such as a tennis ball or racquet ball		
OTHER	Any emergency referral from another physician	Loss or breakage of glasses or contact lens needed for work, driving, or studies. (Check with doctor to see if considered urgent or routine.)	