

Clinic Quick Reference Cheat Sheet

by stacyphuong via cheatography.com/21558/cs/4175/

Case Hx

1. Chief Complaint

What is the main reason for your visit?

2. History of present illness (HPI)

F: How often does it occur?

O: When did you first notice?

L: Where do you experience this?

OD.OS.OU?

D: How long does it last?

A: Any associated sx such as HAs, red eyes, diplopia, blurry vision

R: Does anything make it better?

S: How severe?

3. Ocular History

LFF

Glasses or CI

Patching

Strabismus Surgery

VT

4. Medical History

LME

Medications

Allergies

5. Academic History

Current grade? Any repeated grade?

Academic struggle?

Any special testing?

6. Developmental History

Any complications at birth?

Birth weight? Premature?

Reaching milestones?

OT/PT/ST

Any behavioral issues?

7. Family History

Any significant family eye or medical problems?

Any eye turns, vision loss, cancer, or systemic conditions that may put current pt at risk?

8. Social History

Do you smoke/drink/use drugs?

9. Occupation and Hobbies

Diabetic Case Hx

Diabetic Case Hx (cont)

What was the reading? Is that normal or avg for you?

Fasting or non-fasting?

Do you know your HbA1C?

When is your next F/U with your PCP?

Diagnosis of DM (any of the 4)

polydipsia/uria/phagia

fasting glucose >120 mg/dL level

2hr blood >200 mg/dL during glucose OGHTT HbA1C >6.5%

Metformin (controlled)
Insulin (uncontrolled)

Duration >15yrs check for DR!

HTN Case Hx

When were you dx?

What medications are you taking?

Compliance of medication?

Do you check your BP regularly? How often?

When was the last time you had your BP taken?

What was the reading? Is that normal or avg for you?

HTN and High Cholesterol Norms

Blood pressure	120/80 mmHg
Total cholesterol	<200
Triglycerides	<150
LDL	<100
HDL	>50

Checking significantly reduced VAs

- 1. Counting fingers
- 2. Hand motion
- 3. Light projection
- 4. Light perception
- 5. NLP

Cover Test - Von Grae	efe Norms
Horizontal Distance	1 EXO +/-2

Horizontal Near 0-6 EXO

Vertical @ D/N ortho

Vergence Norms

DBI:	x/7/4
DBO:	9/19/10
NBI:	13/21/13
NBO:	17/21/11
Supra/Infra @ D&N	3-4/1.5-2

Drug Dosing Abbreviations

QD = once a day

BID = twice a day

TID = three times a day

QID = four times a day

qh = every hour

PRN = as needed

qhs = every night

gtt(s) = drops (1 mL=20 drops)

Estimating Amplitude of Accomm.

Minimum	= 15 - 0.25(age)
Average	= 18.5 - 0.30(age)
Maximum	= 25 - 0.40(age)

Age Expected ADDs

40-44	+1.00 to +1.25
45-49	+1.25 to +1.50
50-54	+2.00 to +2.25
55-59	+2.25 to +2.50
60 or older	+2.50 or more

Anisometropic Amblyopia

Myopia	>3.00D
Hyperopia	>1.00D
Astigmatism	>1.50D

When were you dx?

Type I or Type II?

What medications are you taking?

Compliance of medications?

Do you check your blood sugar regularly? How often?

Last time you checked your blood sugar level?



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Isoametropic Amblyopia Myopia >8.00D Hyperopia >5.00D Astigmatism >2.50D

General Guidelines: Prescribing for Children

Age	Myopia	Hyperopia	Astigmatism	
Infants (<1 year >-5.00D should rx old) > 1st year of life		RX @ +5.00D	≥ 2.50 and stable for 6 months	
Toddlers (1-3 years ≥ -3.00D should rx old) in children 3 or older		RX @ +4.00D	RX only if older than 2, ≥ 1.25D and stable for 6 months	
Preschoolers (4-5 years old)	≥ -1.50D	RX @ +3.00D		

AAO PPP Guidelines

			2-3 years	
Isometropia				
Myopia	≥ -5.00	≥ -4.00	≥-3.00	
Hyperopia w/o strab	≥ +6.00	≥ +5.00	≥ +4.50	
Hyperopia w/ET	≥ +3.00	≥ +2.00	≥ +1.50	
Astigmatism	≥ 3.00	≥ 2.50	≥ 2.00	
Anisometropia				
Myopia	≥ -2.50	≥ -2.50	≥ -2.00	
Hyperopia	≥ +2.50	≥ +2.00	≥ +1.50	
Astigmatism	≥ 2.50	≥ 2.00	≥ 2.00	

Visual Field - Glaucoma

Minimum	✓ outside normal limits (GHT)
loss	✓ Cluster of 3 or more non-
	edge points in same hemifield,
	at least 1p<1%
	✔PSD p<5%

Mild loss ✓ MD: <6dB

✓ PD: <25% of the points are below 5% and <half of those points are depressed below 1%

✓ None of the central 4 points have <20dB</p>

Moderate

loss

✓ MD: <12dB

◆ PD: <50% of the points are below 5% and <25% points are below 1%

✓ Only one hemifield has a raw value of <20dB, but not both
</p>

✓ Central 4 points: none have sensitivity <10dB
</p>

By stacyphuong

Diabetic Retinopathy - NPDR

Diabono Homiopani, Til Dit		
	Mild NPDR	✓ Micro-aneurysms only!✓ F/U: 9 months - 1 yr
	Moderate NPDR	✓ More than MA, but not severe (4-2-1)✓ F/U: 6 months
	Severe NPDR	One of the following: ✓ 4 quad of >20 dot and blots ✓ 2 quad of venous beading ✓ 1 quad of IRMA ✓ F/U 3 months and refer for consult
	Very Severe	At least two of the above 4-

Diabetic Retinopathy - PDR

NPDR

Low	✓ Neo present, but not high risk
Risk	
High	✓ NVD >1/4DD with or without
Risk	VH
	✓ NVD any size with VH
	✓ NVE 1/2DD with VH

2-1 rule

Follow Up Schedule		
Referral for serious problem	call after 1 week	
Ocular hypertension	RTC every 6 months	
Diabetic Eye Exams w/o DR	RTC every year	
If Rx was not given due to disease state	RTC in 4 months	
CRVO/CRAO	RTC in 3 months	
Macular edema (severe)	RTC within 1st week	
Retinal hemorrhage	RTC in 1 week	
Glaucoma (POAG)	RTC every 3 months	
Spectacle/CL Rx released	RTC in 1 year	

Measurements 1	For	Adult	Multifocole
ivicasui emenis	IUI	Auuit	Mulliocals

Progressives	Dot the pupil
Lined Trifocals	Bottom edge of pupil
Bifocals	Bottom lid/lash margin

Bifocal Guidelins for Children

< 2 years old	SV Rx
3-5 years old	FT 28 at mid pupil
6-8 years old	FT 28 at lower lid margin
> 9 years old	PAL

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