

# 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

LEE

Glasses or CL

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

Diahetic Case Hy (c	nnt)

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 Graefe 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
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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

Estimating Amplitude of Accomm.			
Minimum	= 15 - 0.25(age)		
Average	= 18.5 - 0.30(age)		
Maximum	= 25 - 0.40(age)		

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

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		
Муоріа	>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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# Clinic Quick Reference Cheat Sheet

Visual Field - Glaucoma (cont)

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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 old)	$\geq$ -5.00D should rx by 1 <sup>st</sup> year of life	RX @ +5.00D	≥ 2.50 and stable for 6 months
Toddlers (1-3 years old)	≥ -3.00D should rx 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

		1-2 years	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
</p>

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

✓ None of the central 4 points have <20dB

Moderate

loss

**✓** MD: <12dB

✓ PD: <50% of the points are
</p> below 5% and <25% points are below 1%

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

✓ Central 4 points: none have

sensitivity <10dB

Severe

**POSITIVES** 

✓ MD depressed more than -12dB loss ✓ PD: >50% of the points are

below 5% and >25% are below

✓ Both hemifields have points

<20dB

✓ Central 4 points: at least 1 has <10dB

REDO any VF with more than 2 FALSE

2 consecutive tests need to confirm VF loss

# Diabetic Retinopathy - NPDR

	Mild NPDR	<ul><li>✓ Micro-aneurysms only!</li><li>✓ F/U: 9 months - 1 yr</li></ul>
	Moderate NPDR	<ul><li>✓ More than MA, but not severe (4-2-1)</li><li>✓ F/U: 6 months</li></ul>
	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	for Adult	Multifocale
Measurements	IOI Addit	Mulliocais

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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