Cheatography

Clinic Quick Reference Cheat Sheet

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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

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 level	>120 mg/dL
2hr blood glucose	>200 mg/dL during 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

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 old)	≥ -5.00D should rx by 1st 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

	0-1 years	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 loss	✔outside normal limits (GHT) ✔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
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 ✔Central 4 points: none have sensitivity <10dB

Visual Field - Glaucoma (cont)

Severe loss	✔MD depressed more than -12dB ✔PD: >50% of the points are below 5% and >25% are below 1% ✔Both hemifields have points <20dB ✔Central 4 points: at least 1 has <10dB

REDO any VF with more than 2 FALSE POSITIVES

2 consecutive tests need to confirm VF loss

Diabetic Retinopathy - NPDR

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 NPDR	At least two of the above 4-2-1 rule

Diabetic Retinopathy - PDR

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

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 Multifocals

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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