

Pitfalls To Avoid



"C'mon, c'mon — It's either one or the other."

During Triage Calls



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has no financial relationships to
disclose. She is an Independent
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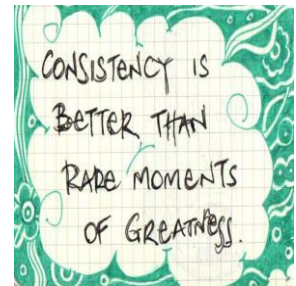
Will somebody answer the phone ??!

The problem in most offices is that the one person that is willing to answer the phone is usually the **last** person you want picking it up!



You need to have a consistent manner in which all phone calls are answered....

- Name & DOB
- Phone Number
- Date & Time of call
- Provider they see
- Problem/Concern they are calling about
- Person Taking Call



This is your staff when the phone rings!
Everyone scatters to do "something"
- but no one will answer the phone.
WHY you ask ??

Fear of the unknown!



You can't get your staff off the phone



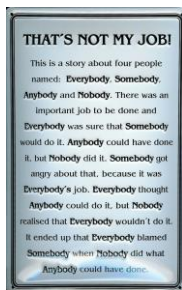
when it's a personal call ...



then why can't you get someone to answer a work call?!



It's the one job
no one wants to do!



As techs we cannot diagnose...

but in order to "triage", we need to:

- * listen to the information given
- * evaluate the information
- * make a decision as to when the patient needs to be seen.



The biggest "fear" we have is "What if I give the wrong advice ???"

You Need Clinic/MD protocols as to:

- **Urgency** of problem and time frame needed to present to clinic
- **Type of problem** and appointment need
- **Duration & Intensity** of problem



The bottom line is.....

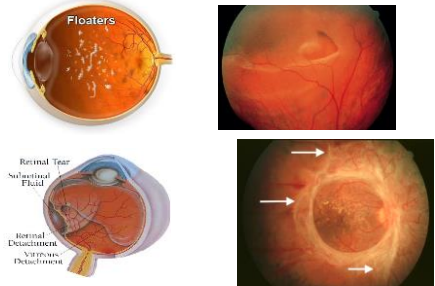
Do they need to be seen or not ?!

YES
NO
MAYBE

When in doubt, or the problem varies from the protocol, you need to get your doctor involved.....



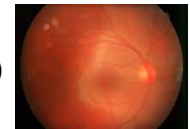
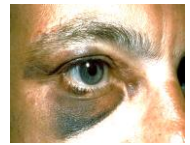
“ I see flashing lights and a string in my vision ”



- * How long has this been happening?
- * Any trauma to the head or eye? (racquetball, fist, badminton birdie ?!)
- * One eye or both eyes?
- * Are you diabetic?
- * Any past surgery or laser to that eye?



- All orbital trauma patients, or any patient with a "black eye", need to be seen for a dilated eye exam to rule out:
- * Hyphema
 - * Retina Detachment
 - * Comotio (Berlin's Edema)

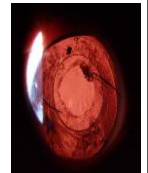
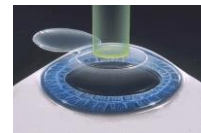


Questions To Ask All Patients

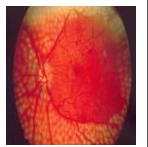
- Do you have any changes in your vision ?
- Are you having any eye pain? In the case of blunt trauma - do you have any facial pain or numbness ?
- Have you had any loss of vision ?
- What was the injury you had ?



- Any past eye surgery ?
- Who, What, Where, When**



- Any eye lasers ?
- For what ?



"All of a sudden- I went blind !"

- One eye or both ?
- Any trauma to head or eye?
- Are you diabetic ?
- Did this happen *suddenly*... or was it progressive?
- Did the vision suddenly go away for a while and then come back ?



I MAY BE SLOW.
BUT I'M AHEAD OF YOU.

Key phrase: "all of a sudden"

Patients often describe retinal detachments as a "curtain coming up or down" on their vision. It's a fairly acute process. Another acute process is an artery or vein occlusion. No matter what the problem is... or how long it has been going on for you need to see the patient **TODAY** !



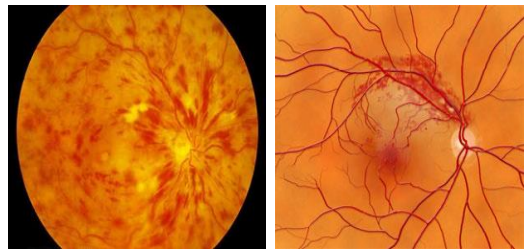
Patients, *and staff*, can be lulled into the belief that if they have had it for "3 weeks or 2 months", it can't be that urgent.

Once they tell you - **you** need to treat the symptoms like it just happened for the first time today and then **FOLLOW**

THE PROTOCOL. Patient's don't want to come in - so they will tell you it's ok to wait ! What's wrong with that picture ??!

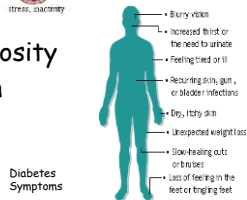


Central Retinal or Branch Vein Occlusion



Major Risk Factors

- Hypertension
- Age
- Glaucoma
- Diabetes
- Increased blood viscosity
- Idiopathic - unknown reason

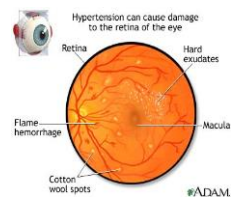


Diabetes Symptoms

- Blurry vision
- Increased thirst or the need to urinate
- Feeling tired or ill
- Recurring skin, gum, or bladder infections
- Dry, itchy skin
- Unexpected weight loss or gain
- Slow-healing cuts or bruises
- Loss of feeling in the feet or tingling feet

Findings

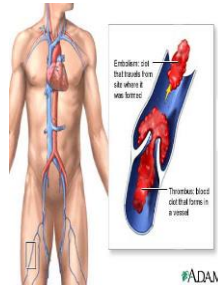
1. Sudden, painless loss of vision
2. Retinal hemorrhages & cotton wool spots
3. Average age is 50+; over half of these people have **cardiovascular disease**
4. Patients can go blind and/or develop neovascular glaucoma



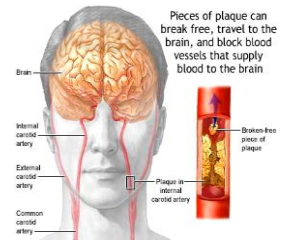
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Difference Between a Thrombus and an Emboli

A blood clot that forms in a blood vessel or in the heart but does **not move** to another part of the body is a **thrombus**. If the clot **moves** to another part of the body, it is an **embolus**.



Retinal vein occlusion is most often caused by hardening of the arteries (**atherosclerosis**) and the formation of a blood clot.

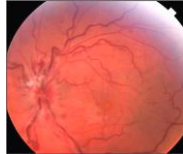


Blockage of smaller veins (BRVO) often occur when retinal arteries thicken, cross over and place pressure on a retinal vein.

Prognosis

Non-ischemic CRVO is the milder form of this disease. It can present with:

- good vision
- few retinal hemorrhages
- cotton wool spots
- no APD
- good retinal perfusion

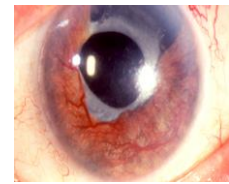


May resolve fully or can progress to the **ischemic type** in approx up to 22% of cases

PHEW!

Ischemic CRVO is the severe form and presents with:

- severe visual loss
- extensive retinal hemorrhages
- cotton-wool spots
- APD
- poor retinal perfusion
- patients may end up with neovascular glaucoma resulting in a painful, blind eye



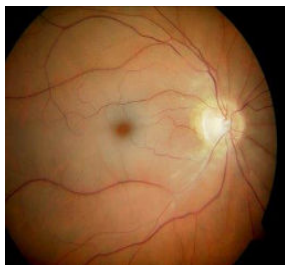
International Council of Ophthalmology

Central Retinal Artery Occlusion

Painless, sudden loss of vision that usually begins with small transient attacks of loss of vision for a few seconds (**amaurosis fugax**).

SIGNS:

- Possible APD
- Decrease VA (CF potential)



Hallmark: Cherry Red Fovea: Fovea remains red because it is nourished by the choriocapillaris, whereas the rest of the retina is nourished by the central retinal artery.

** Patient needs to be evaluated for

arteriosclerosis and potential *emboli from the heart or the carotid artery*.

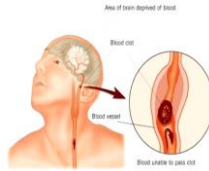
*** Damage is potentially irreversibly after 90 minutes.



One Last Thing !

While you are doing your intake, ask about:

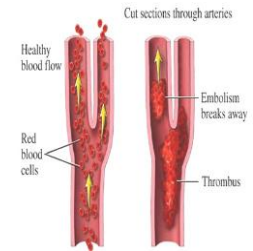
1. tingling fingers
2. headache
3. nausea
4. slurred speech



They might be having a stroke!

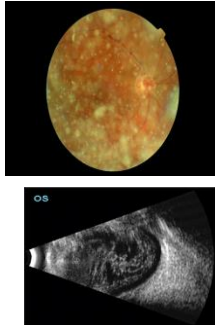
Emboli

Emboli can break free and lodge in blood vessels, so if it gets stuck in an eye artery - the next place might be the brain !



"I feel like I am looking through a snowstorm"

- One or both eyes ?
- What color is the snow ?
- Is it worse if you shake your head ?
- Do you see any flashes of light?
- Does it get "snowy" and then a little better - and then bad again if you move your head?



Asteroid Hyalosis

Actually occurs in the vitreous. In most cases, there is no treatment needed. These are very small, refractile, golden colored floaters that get stuck in the vitreous and float into the line of vision.

The cause is unknown, but has been associated with DM, I BP and hypercholesterolemia.



"The pediatrician said I needed to have my daughter's eye checked"

- How old is your daughter?
- Have you noticed anything different about her eyes? Turning in or out?
- How do you think your daughter sees?
- Did he say what it was he was worried about ?



Retinoblastoma

"Cat's eye reflex" (leukocoria)

Rapidly developing cancer which develops in the cells of the retina.

In the developed world, Rb has one of the best cure rates of all childhood cancers (95-98%), with more than nine out of every ten patients surviving into adulthood. Retinoblastoma is a very treatable cancer





- Most common eye tumor in children, and the third most common cancer overall affecting children
- Retinoblastoma is diagnosed **at an average of 18 months with 90% diagnosed before patients reach age 5 years.**
- Children who are **affected bilaterally are diagnosed at an average age of 13 months, while patients with unilateral retinoblastoma are diagnosed at an average age of 24 months.**

Patients call regarding their eyes

so you will tell them they don't have to come in !!!



Think of it this way instead: the minute the patient tells you something, you need to manage the problem as is it started today

They will give you a number of reasons why they can't come in... "no bus", "no pain", "no money"

My favorite: It's been going on for (3) months" and... we allow the patient to tell us what to do because we agree to see them in a week !



Try This Line: If you were my sister (mother, father.....)



We'll all sleep well tonight !



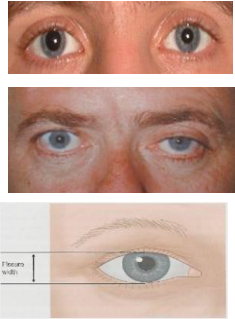
When the patient is in front of you...

You are the first person to see the patient, so don't hide things from the doctor... use your "gut feeling" and LISTEN to what they are telling you. No multi tasking during this one !



Now They Are In Front Of You

Always look at the pupils!
Look at the palpebral fissures to ensure they are equal. *If not*, measure the vertical width prior to dilation! Dilation can/will change the size of the fissure.



Pop Quiz Which dilating drop does this ??

My doctor says I need to talk to him....

It is well known that patients will discuss one or two problems with the doctor *before* they bring up the **real reason** they are here today. It is also well known that most doctors spend an average of 3-4 minutes with each patient!



But when I do - he doesn't listen !

You need to be the one that is "listening" and *working with the patient* to determine their primary reason for being here.

Example: If the doctor wanted a pressure check, but the patient says they can't read well....you better also be checking their refraction or they are going to be angry.



"The Great Communicator"



Write It Down !

Patients are going to tell you things that they won't tell the doctor because:

- They are too busy
- I don't want to bother them
- I am sure it is nothing
- My daughter/son said I was crazy !



When a patient tells you something, you need to "prove it right" or "prove it wrong"


Ex: I see better without my new glasses.

Answer: Check their vision again with the old, check with the new, check without any glasses and then re-refract !



Then:

- Neutralize the glasses
- Re-neutralize the old glasses
- Check PD's
- Check Optical Centers
- Check Fit
- Prism ??!




Careful of nursing home patients 😊

And... finally....

When checking anterior chamber depth...



Using the penlight!!

Other Important Pearls To Remember.....

MEDICAL STUDIES INDICATE

MOST PEOPLE SUFFER A 68%

HEARING LOSS WHEN NAKED.



What Can I Do For You Today ?



NOT

"Why are you here?"



We are in a patient care field !

If **you** don't "care" - here are some options.....

