



Triage: Not as Traumatic as You Think!




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The Hated Three Patient Calls

1. "My eye is red"
2. "I see double"
3. "I just suddenly went blind in my eye"



What the patient "says" is not always what they "mean" when they call in with a problem or a question - because they are not medical!




You need to **stop** what you are doing and **listen** to what the patient is saying. This is not a time for multi-tasking and nodding knowingly - because without some well placed questions - you don't know!



"It's all a big mystery to me"

When you are talking with the patient, consider the following - **but do not let it bias you!**

- Who
- What
- Where
- When
- How




1

Which One Do You Pay The Most Attention To?


Granny - She's so sweet and *needy* and calls (3) times a week?

Flo - she's coming in and sitting in the waiting room until the MD sees her honey!



The FYI Patient

This is the patient that calls to *inform* you of an eye issue so that you will tell them they do not need to come in! They have a number of reasons why they can't come in today - they just wanted their doctor to know it happened again!



They are "happy" to wait for a week for the next appointment with their doctor - and then walk in with:



"My Eye Is Red"

- Is the white part of the eye red or is it your eyelid?
- Is it on one or both?
- When you went to bed last night, was your eye red?
- Does your eye hurt right now?
- Has there been trauma to that eye since your eye got red?
- Is the eye red or do you see red in your vision?




Scenario # 1

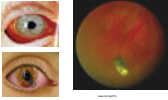
"My right eye is red. I woke up like this. No, I don't have any pain. My vision is fine. There is no drainage and it doesn't itch. I can't come in because I work for myself and I can't afford to lose the day. I don't remember getting anything in there. What do I do for now?" I am a *trafficker!*

Patient finally agreed to come in that day.

What else would you have asked?



Conjunctival Laceration with Intraocular Metallic Foreign Body




2

Scenario # 2

"I am noticing that in the past few days that my vision is red. That's right. I see red. I don't have any pain. Yes - I closed one eye and my left eye is seeing red. No. I haven't had any injury to my eye. I stay home mostly and watch a lot of TV. Could I have hurt it watching too much TV? I can still see - it's just pretty is all. I either not come in today because it is raining and I hate the bus!"


After much discussion, she agreed to come in.

What else would you have asked?




Diabetic Retinal Hemorrhage

This was a patient that had multiple no shows for the Retina specialist. He had scheduled her for laser treatments - she was afraid and never came. Patients can sometimes "see" red initially when they have a hemorrhage that is not dense. She had preventative diabetic retinopathy and was rescheduled for the retina specialist for laser therapy.



Vitreous Hemorrhage




Scenario # 3


"Ok, here's the story. I was falling asleep with my forehead against the side of my eye in red and sore. And it bled when I woke it stop side to side. But this was the first time I was having a pain fight."

What? No! - I got in with the pillow a few times. My vision is a little blurry, but I can't come in because I have a red eye. I'm not going to put drops in me. I can make tomorrow!"

Ok. It will come in - not me drops OUCH!




Traumatic Hyphema Blow Out Fracture



"I See Double"

- When did you notice you were seeing double?
- Do you have any pain when you move the eye?
- Side by side or up and down?
- Is your eyelid drooping on either side?
- Have you injured your eye recently?
- Have you had any head injury lately?
- If you close one eye - do you still see double?




3

Scenario # 1


"I think something is wrong. I am having double vision in my eyes. I feel ok, but I am scared. No, I am not diabetic. When I look in the mirror, I look ok. It's very hard to drive - I just came back from the grocery store and I was scared to death. Maybe I had a stroke. It runs in my family. But I feel ok. Should I come in? Would you bring her in."

* ASAP * Tomorrow * Next week




Lens Missing Out Of Her Glasses

She arrived to the clinic a nervous wreck. She was concerned a stroke had occurred. When she was checking in, the receptionist casually told her that after she had her exam, the optician would be happy to put her lens back in her glasses if she brought it along ☺




Scenario # 2

"I woke up this morning with a pounding headache. And then I noticed that I was seeing double. I feel shaky. And when I move my eyes, I have pain. I probably have the start of the flu. We had the grandchild here this weekend and they all had it. Look in the mirror? Well ok. Yes, my eyelid is droopy today. Why would you ask me that? But it was droopy yesterday. And I am 73 you know - everything droops! Maybe I'll wait until I feel better to come in. What else would you ask him?"




Diabetic 3rd Nerve Palsy

Ask him if he's diabetic! When the 3rd nerve is involved, pain may be the prominent sign. The pupil is usually spared. Double vision is worse because of a palsy of the 3rd nerve. There also may be a ptosis on the affected side. You need to see this patient to differentiate between aneurysm in the brain vs 3rd nerve. The key will be the pupil!



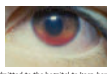
Scenario # 3

"Yesterday we had a family reunion and my little girl was playing badminton with her Uncle Pete. He's pretty competitive. Well, he smacked the birdie and it hit her in the eye. It's a little red around her eye, but she says she has a headache. He feels awful. Her vision is ok, but a little weird. She's going to come tomorrow for a week. It's ok to send her still right?"




Traumatic Hyphema

No, she can't go to camp! Her pressure was 22 mm Hg. She had a low grade fever. She also had conjunctivitis. Because she was 70 years old, she was admitted to the hospital to keep her quiet as well as to facilitate getting her pressure under control.



" I Suddenly Went Blind Today"


That one statement is like giving directions to your house by starting with you live on Earth! It is a red herring to the utmost magnitude because instead of going blind, you just might "have had a thought!"



Scenario # 1

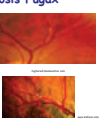
"I was watching TV last night and all of a sudden I went blind in my right eye for 20 minutes or so. Just like that! I covered the eye and then the other, and you, it's my right eye. Black as night. Didn't hurt a bit. Well, he's never had on eye even in about 5 years, so need I've always been great - I need a lighter prescription. The Big One you know. The wife said I had to call. In the family chat room I said I have a little high cholesterol. I'm a meat and potatoes guy!"

When will you bring him in?
 * Today * Tomorrow * Next available



Amaurosis Fugax


Transient vision loss for 5-10 minutes. Occurs most commonly due to retinal emboli from cholesterol plaque.



Plaque can be from:

- * carotid artery (most common)
- * damaged cardiac valve (Afib or mitral valve)
- * platelet clots


Doctor will listen to the carotid for bruits.



Scenario # 2

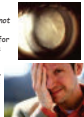
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Dense Cataract

This is called having a thought. The patient did not go suddenly blind - he has had this mature cataract for quite awhile. He must have closed his good eye for some reason and noticed he was "blinded" in the other eye. Hence...he suddenly is blind.



So...where does this leave us?

Tracing patient calls is like ascending waterfall. Listen to what the patient is telling you. Who is telling you the history. What is it that the patient thinks has happened to them. When did this happen and how did it happen.



Watch for Red Herrings...



They just might turn out to be technician eating Great Whites!

