

TRIAGE IN A CONTACT LENS PRACTICE

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TRIAGE

The process of sorting the sick & wounded based on type of condition & urgency of care required & routing them to appropriate medical facilities

IMPORTANCE OF TRIAGE (3 minutes)

- An error in judgment may cause
- Needless discomfort
- Possible loss of vision
- Potential malpractice suit

IF IN DOUBT (3 minutes)

- Check questionable emergencies with doctor
- Err on side of caution
- Schedule patient ASAP
- Consider the legal ramifications
- Always be more cautious with patients who are lawyers!

EMERGENCY VISITS (2 minute)

- Record symptoms
- Work up patient
- DO NOT DIAGNOSE!
- Actual diagnosis should be made *only* by doctor

TELL PATIENT TO REMOVE CLS IN CASE OF: (2 minutes)

- Pain
- Redness
- Discharge
- Tearing
- Sensitivity to light

DIVIDE PATIENTS INTO 3 CATEGORIES (2 minutes)

- Urgent !!!
- Priority !!
- Routine

TAKING THE PATIENT HISTORY (10 minutes)

- What type of contact lenses are you wearing?
- Any pain, redness, discharge, blur?
- Unusual sensitivity to light?
- When did the symptoms start?
- Did you try to treat them in any way?
- Did you go to the emergency room before coming here?
- See another doctor?
- What care products do you use?
- Please bring them with you.
- Do you usually sleep with your contacts?
- Did you sleep with them last night?
- Did you accidentally fall asleep with them just before the symptoms began?
- Were you in an environment with a lot of cigarette smoke or fumes?
- Beauty salon?
- Handling hot peppers?
- Do the lenses film up quickly?
- Do they slide around in your eyes?
- Do they slip under your upper lids when you blink?

URGENT !!! (20 minutes)

TRUE EMERGENCIES

- Chemical burns
- Tell patient to irrigate eye profusely before coming to office
- Vascular occlusions - sudden loss of vision
- Penetrating injuries

URGENT CASES

To be seen within hours

- The red eye
 - CLARE
 - Tight lens syndrome
 - Solution sensitivity
- Conjunctivitis
- Viral
- Fungal
- Chemical
- Allergic
- Bacterial
- ? GPC

EPISCLERITIS

- Localized inflammation of superficial tissues of sclera
- Purplish injection, especially at canthi
- Pain on movement
- May indicate serious eye or systemic problem

IRITIS

- Circumcorneal injection
- Blurred vision
- Moderate pain
- No discharge
- Miotic pupil
- Normal IOP

ANGLE-CLOSURE GLAUCOMA

- Red eye
- Marked blurring of vision
- Rainbows around lights
- Intense pain
- Partially dilated, fixed oval pupil
- Cloudy, hazy cornea

- Elevated IOP

CORNEAL INVOLVEMENT

- Watery &/or purulent discharge
- Blurred or cloudy vision
- Pain (often sharp or stabbing)
- Photophobia
- Circumcorneal injection
- Normal pupil size

EXAMPLES OF CORNEAL PATHOLOGY

- Inflammation (keratitis)
- Microbial keratitis
- Abrasion
- Foreign bodies
- Chemical or UV burn (welder's arc)
- Damaged or poorly-fit CL
- Corneal infiltrates & ulcers
- Trauma
- Viral Disease
- Herpes simplex

SPK

- Pinpoint epithelial lesions
- ?redness, burning, dryness
- Patient may be asymptomatic

CAUSES OF SPK

- Infection
- Hypoxia
- Dirty CLs
- Damaged CLs
- Bad CL fit

- Foreign bodies
- Incomplete blink
- Solution sensitivity
- Poor I & R skills
- Corneal abrasions
- CL overwear
- SEAL (epithelial splitting)
- Smile Staining
- Furrow staining
- Limbal epithelial hypertrophy

ABRASIONS & FOREIGN BODIES

- Redness
- Pain
- Sharp
- Stabbing
- Photophobia
- CL overwear (OWS)

ACANTHAMOEBA KERATITIS

- Parasitic infection
- Incidence 1/500,000
- Contaminated water (especially if a lot of lime scale)
 - Swimming
 - Showering
 - Hot tubs
 - Rinsing lenses with water

PREVENTING ACANTHAMOEBA

- No home-made saline
- No tap water rinses
- No swimming or hot tubs with CLs

CLOUDY VISION

The lens or the eye?

- Corneal edema
- Old or coated lenses

- Steep lenses
- GPC
- Blepharitis
- Corneal dystrophy
- Sucked-on lenses

PROBLEMS RELATED TO HYPOXIA

- Soft Lens Related Corneal Hypoxia (SLACH)
- Myopia creep
- Sub-clinical edema
- Limbal injection

GP ADHERENCE

- Dry eyes
- Thick, mucousy tears
- Lens parallels cornea too closely
- Lens too flat
- Lens too tight
- Overnight wear

SOFT LENS ADHERENCE

Causes

- Tap water rinses
- Fresh water swimming
- Hypotonic saline
- Dehydration
- Overnight wear
- Tight fit

PRIORITY (10 minutes)

BLEPHARITIS

- Inflammation of lid margin
- Acute or chronic
- Seborrhic or infectious (staph)

- Redness, burning, scaliness of lid margins
- Unstable tear film
- Prone to secondary infections

THREE & NINE O’CLOCK STAINING

- Peripheral desiccation
- Burning/stinging
- FB sensation
- Dryness
- Compromised cornea
- ? Point of entry for microorganisms

PRIORITY

- Headaches
- Gradual loss of vision in quiet eyes
- Cataracts
- Macular degeneration
- Subconjunctival hemorrhage

SUB-CONJUNCTIVAL HEMORRHAGE

- Bright red blood trapped between sclera & conjunctiva
- I&R trauma
- Injury
- Spontaneous
- Coughing
- Retching
-

PINGUECULITIS

- Small yellowish-white elevated tissue mass
- On nasal or temporal bulbar conjunctiva
- Can be irritated by CL edge, wind, dryness

SPECTACLE BLUR

- Blur & distortion with glasses after CL removal
- Corneal edema
- Mechanical molding
- Combination of edema & molding
- Schedule patient late in day
- Verify with keratometer, slit-lamp, retinoscope

SCLERAL INDENTATION

- Imprint of lens edge on white of eye
- ? Tight lens
- ? Thick edge
- Schedule late in day to see indentation
- Observe immediately after lens removal

LENS SLIPPAGE

- GPC
- Inside-out lens
- Coated lens
- Poorly –fitted lens

GPC

- Autoimmune reaction to tear proteins
- Solution Sensitivity
- Vernal conjunctivitis
- Treat with mast-cell blocker
- Refit with One-Day disposables if possible
- Avoid preserved solutions

PTOSIS

- Common in GP
- lens wear
- ? neurological

ROUTINE (5 minutes)

NORMAL GP ADAPTIVE SYMPTOMS

- Watery eyes
- Lid irritation
- Difficulty looking up
- Intermittent blurring
- Excessive blinking
- Incomplete blinking

LENS DISCOMFORT

- Dry eyes
 - Use materials that maintain hydration
 - Use thicker lenses
 - Use rewetting drops prn
 - Refer for Restasis or punctal plugs
- Damaged lenses
- Everted lenses
- Soiled lenses
- Poor fit
- Allergies
- FB embedded in lens
- Adverse environmental conditions

ROUTINE

- Decreased wear time
- Changes in near or distance VA
- Fluctuations in vision with blink
- Flare or ghosting
- Burning or tearing of long duration
- Lost or damaged replacements
- Possible mixed lenses
- Difficulty with I & R
- Lid twitches
- Abnormal blinking
- Floaters without flashes