Acute Visual Loss

GLOBAL MARK			
CLEAR PASS	BORDERLINE PASS	BORDERLINE FAIL	FAIL

Criteria

Introduces Self, confirms patient identify, Washes hands,	2, 1
Offers analgesia, ensures comfort of patient	2
Uses open questions to find out what happened	2
Asks if loss of vision is painful or not	
Painful visual loss Glaucoma – Rx timolol drops, pilocarpine drops, acetazolamide 500mg IV +/- mannitol Iritis – Rx cylopentolate GCA – headache, jaw claudication, fatigue, diplopia. Rx 60mg pred Uveitis/iritis – pain, photophobia, visual loss at extremes, consensual photophobia. Rx cylopentolate Optic Neuritis – gray central vision Painless visual loss CRVO – cotton wool spots, blood and thunder, subacute onset, RAPD, No RX CRAO – central visual loss, pale retina, cherry red macula. Rx massage, timolol, acetazolamide Amaurosis Fugax, TIA, CVA Endopthalmitis – infection in vitreous Retinal detachment – new floaters, black dots, flashes of light *OTHER CAUSES, Methanol Macular degeneration, Diabetic retinopathy,CMV, Ischemic optic neuropathy, Cataract, Vitreous Haemorrhage*	
Asks if loss of vision is in one eye, or both	
Gets a description of the visual loss (quadrantic, hemianopia, central..)	
Asks when symptoms started	
Any redness or discharge?	
Photophobia?	
Headache?	
Jaw pain?	
History of trauma?	
History of Foreign body, welding, grinding	
History of associated neurological defect	
Do they wear glasses or contact lenses?	
PMH Vascular disease – DM, HTN Eye surgery Rheumatoid arthritis	
DH	

Anticholinergics (accommodation, glaucoma) Bisphosphonates (uveitis) Digoxin – (yellow tinge) Sildenafil – (blue tinge) Sulfa agents (myopia) Topiramate (glaucoma) OCPS – CRVO/CRAO	
SH Alcohol - any chance of methanol exposure Smoking	

Explains wishes to examine eyes
      VA, Visual Fields, Slit-lamp, Fundoscopy
      Neurological examination
      Considers USS	

Will want to refer patient to ophthalmology
    Urgently
    Clinic	

Thanks Patient	
Explains diagnosis	
Explains plan	