Triage and Ocular Emergencies
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Triage- Defined as the screening of patients to determine the urgency of their situation. It ensures that patients with the most serious problems are seen promptly.

Benefits-
- Customer Service
- Quality of Care
- Scheduling
- Risk Management
- Financial

Phone call is the primary contact between the patient and the physician.

Expectations-
- Patient- Prompt, courteous, and reliable assistance
- Physician- Accurately assess the seriousness of a situation and take appropriate action.

Your Role-
- Have a systematic approach –
  - Be calm, courteous (“smile when you answer the phone”) and reassuring.
- Determine the chief complaint
- Assess its seriousness
- Follow protocol and procedures specific to your office-
  - Set up a time to review specific policies regarding triage and outline expectations regarding urgent and emergent situations.

Classify each situation
  - Emergent- Immediate examination is required
  - Urgent- Examination within 24-48 hours
  - Elective/Routine- Examination within 1-2 weeks

Use a screening form – Have important questions printed and record patients’ responses on the form.

5 Basic Questions
- What is the problem or Chief Complaint (cc)
- When did the problem start?
- Is the eye Painful?
- Are there any vision changes?
- Has the eye been injured? How was it injured? When?

Additional questions to consider
- Are there other eye problems? Any pre-existing conditions? Monocular patient?
- Is the patient on any eye medications?
- Does the patient wear contact lenses?
- Is this a post-operative patient?

REMINDEERS:
- Listen to the patient- they often know how serious their situation is.
- When in doubt, err on the side of caution.
- Assume an emergency until the responses to questions prove otherwise.
- Don’t hesitate to ask?”s of your physician.
- Have the number of poison control available.
3 True Ocular Emergencies- Treatment is required within minutes.

1) Chemical Burns of the Eye- Immediate instruction to irrigate the affected eye under running water for at least 15-20 minutes before coming into the office or ER.
   Additional information needed following irrigation
   VA
   Name or type of chemical involved
   Summary or Nature of the accident

2) Sudden Painless Loss of Vision- (CRAO or Central Retinal Artery Occlusion)
The retina is without blood/oxygen as long as the artery is occluded. The eye will go completely blind if immediate ophthalmic treatment is not initiated.

3) Penetrating injuries of the Eye- always suspect penetration of the globe with small lacerations of the lid due to high velocity missiles, injuries from wire, and accidents involving shattered glass. A ruptured globe is always a serious injury that may result in blindness or even loss of the eyeball if immediate treatment is not initiated.

Emergent Category- Those situations that require immediate action. Examination is required within hours.
   Acute Ocular Trauma- especially if accompanied by visual loss
   Foreign Body (FB) or Corneal Abrasion
   Recent onset of eye pain with or without redness
   Pain or Redness with contact lens usage
   Monocular Patients
   Post-Operative Patients
   Recent onset of black specks, floaters, spots, cobwebs, or flashing lights (Macula “on” retinal detachments)

Urgent Category- Those situations that require the patient to be seen within 24-48 hours.

   Recent onset of double vision
   Ptosis (droopy lid/sudden onset)
   Distorted vision for less than 2 weeks
   Colored Halos
   Photophobia (Light sensitivity)
   Eye pain/discomfort for more than 2 days

Elective Category- Examination required within 1-2 weeks. Remind patients to call back if symptoms change or become worse.

   Dry, Itchy, Tearing for more than 3 weeks
   Gradual visual loss for more than 3 weeks
   Broken Glasses
   Mild redness for more than 3 weeks not accompanied by other symptoms
   Masses on lids

Training- Use procedures specific to your office. Follow a pre-printed form to help assess the situation. Will ultimately improve customer service and reduce risk to the practice.
Eye Clinic
Triage Form

Patient Name: ________________________________  Phone: _________________________
Date: _______________  Time: ________   Dr: _______________Initials: ______

CC (What is the problem?)    OD OS OU    Any Vision Changes?  YES  No
___________________________________________
___________________________________________
___________________________________________

Eye Pain?  YES  No  Redness?  Yes  No
___________________________________________
___________________________________________
___________________________________________

Curtains / Flashing Lights / Floaters / Spots?  YES  No
___________________________________________
___________________________________________
___________________________________________

Recent Eye Surgery?  YES  No Date of Sx: _
Type of Sx: Cornea  Retina  Cat  Refractive Other
Other Symptoms: ______________________
___________________________________________
___________________________________________
___________________________________________

When Did It Start?
Onset: SUDDEN / Gradual?
Getting WORSE / Better / Stable
Has This Occurred Before?  Yes  NO

Assessment of the Pts Desire to be Seen: HIGH / Low
Appointment made?  Yes  No
If “No” Instructions to call back if symptoms change
or become worse.  Initials

Tech signature___________________________
Dr Review_____________________________

Chemical Burns (irrigate X 20 minutes), Sudden/Painless decrease in VA, Potential penetrating injuries= Appointment NOW
BOLD CAPS= Appointment Today  CAPS= Tech to triage within 1 hr

Additional Information:
_____________________________________________________________________________________
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