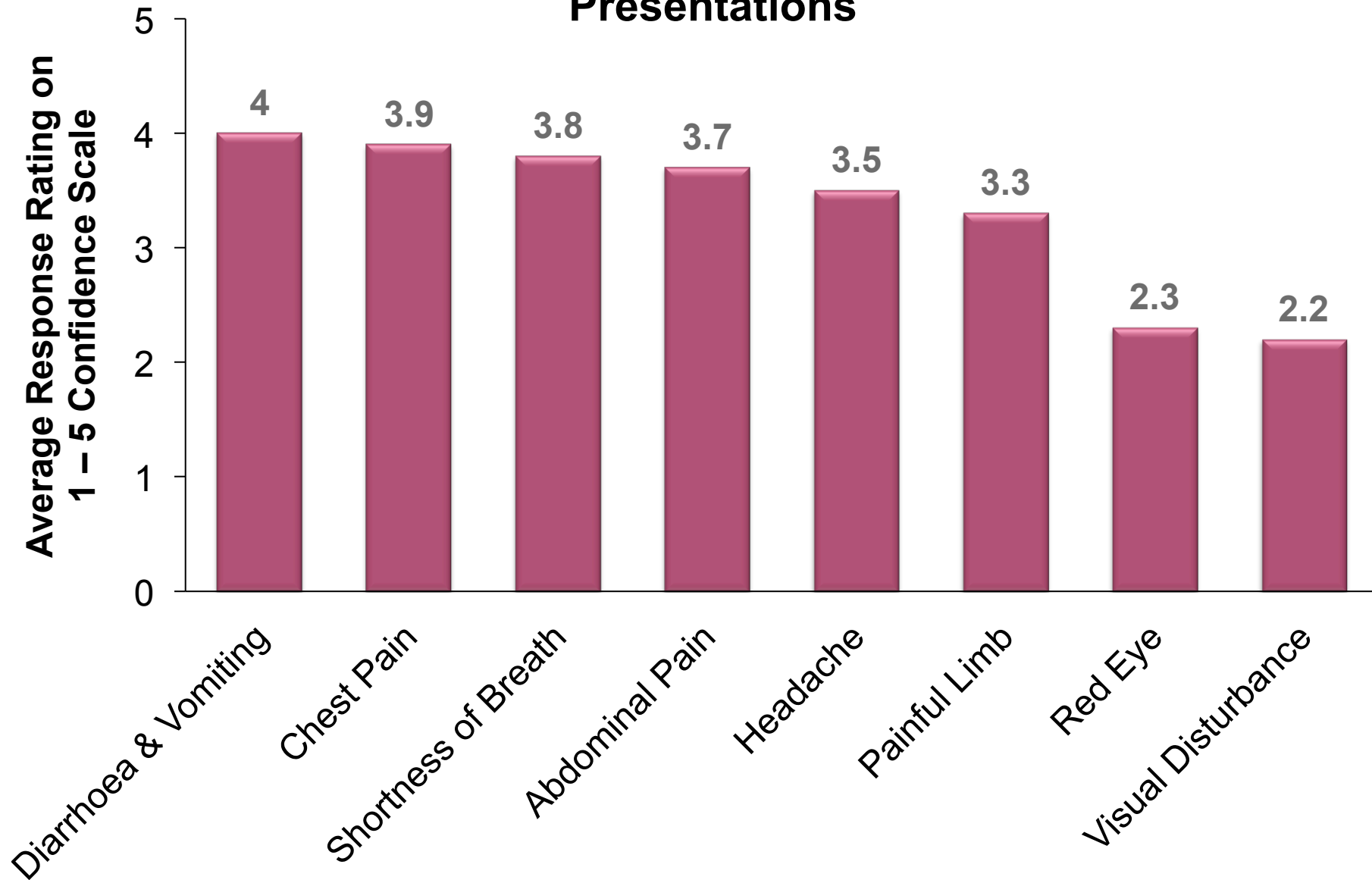


# **Survey results, pre-intervention data and original pro forma**

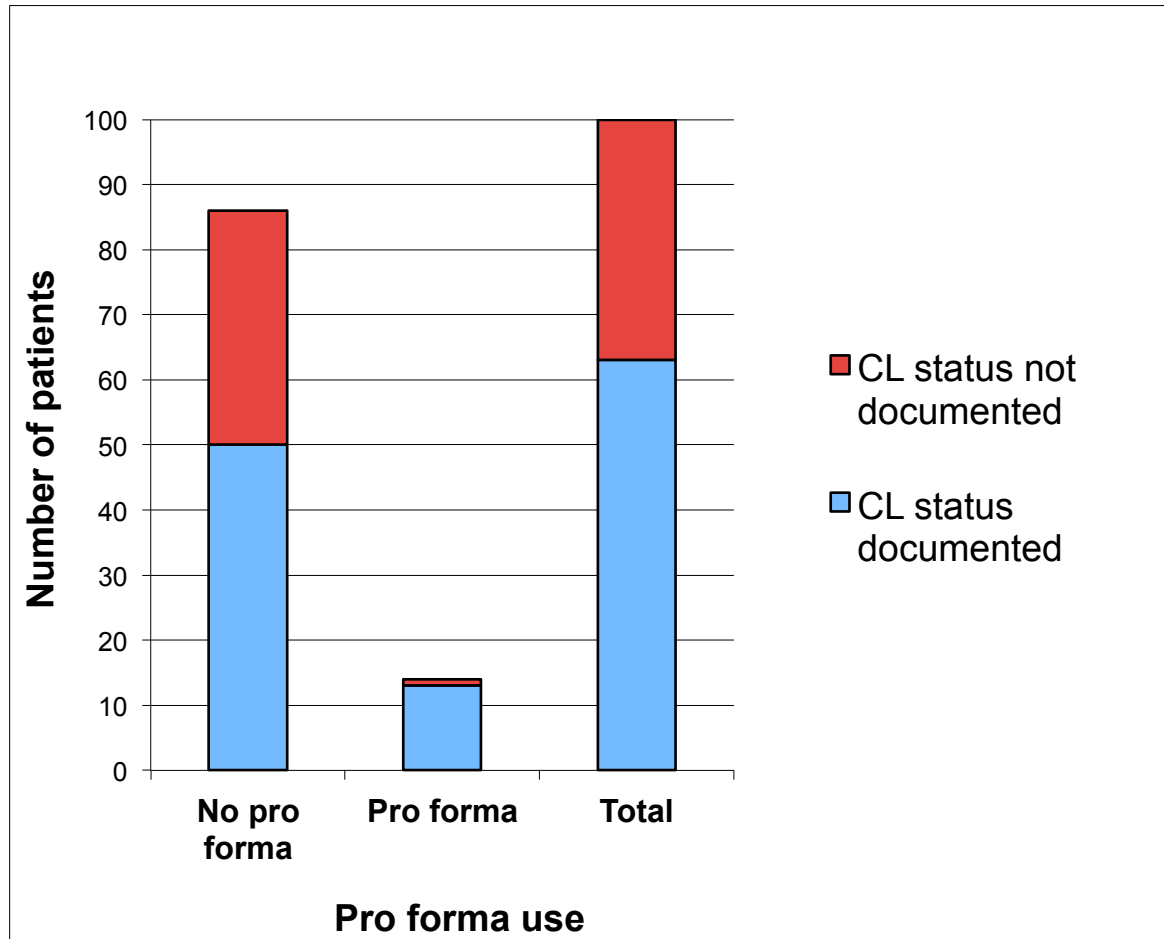
*Improving the management of patients with acute red eyes in a large London Accident and Emergency Department*

## FY2 Confidence in Managing Common A&E Presentations

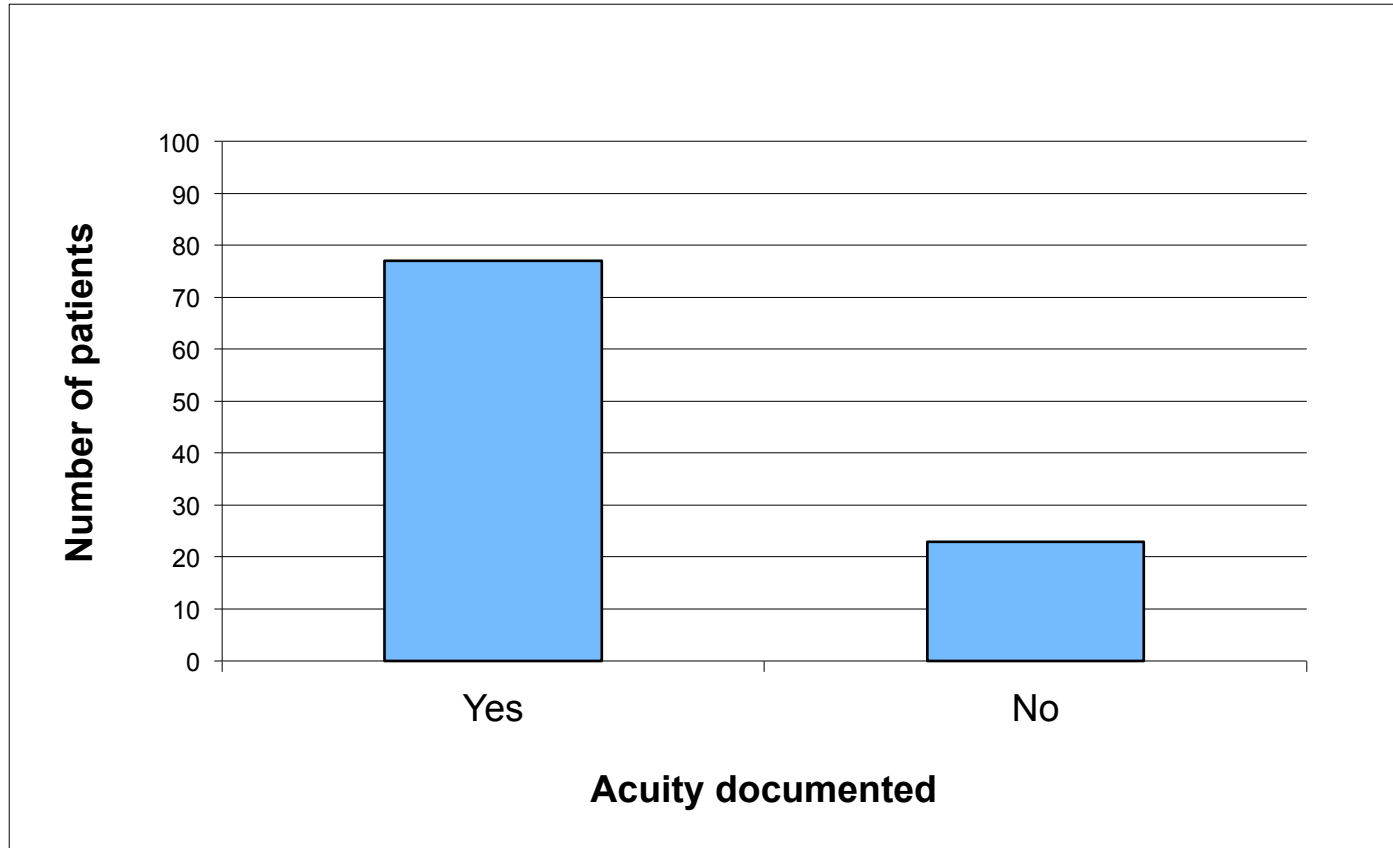


# **PRE-INTERVENTION DATA**

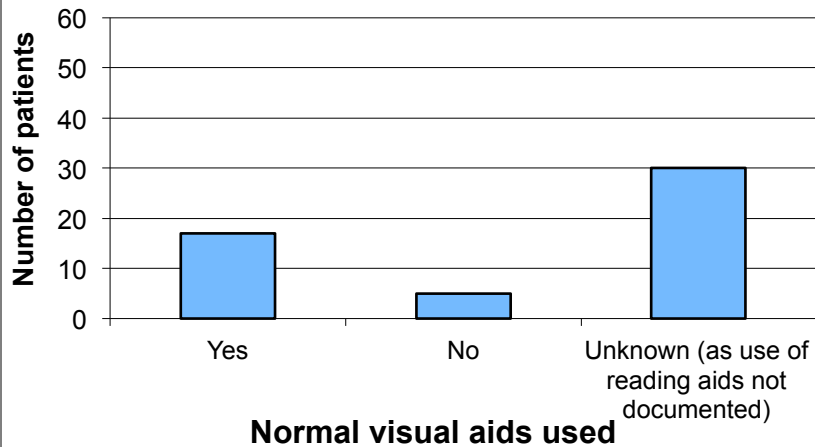
# Contact lens status documentation and relationship to pro forma use



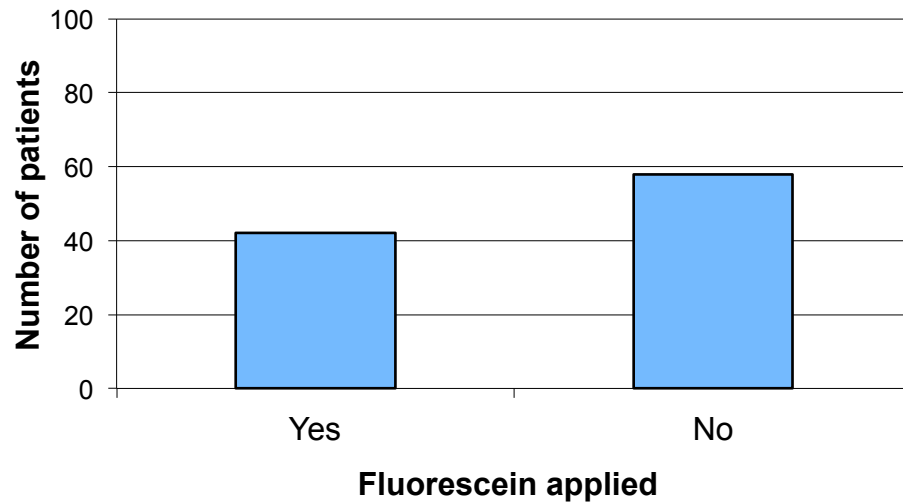
# Visual acuity documentation



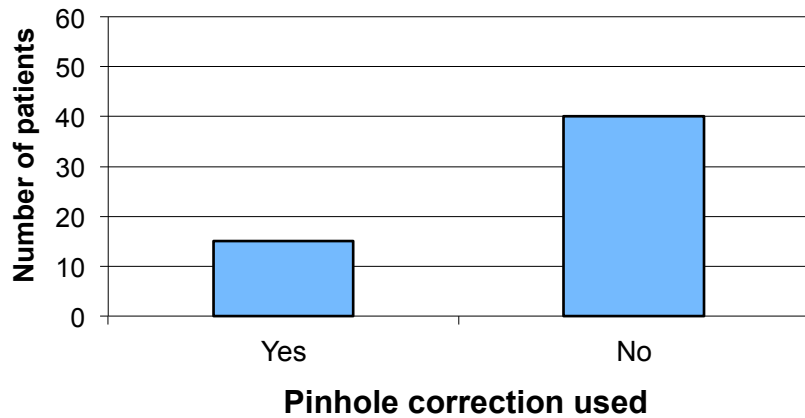
**Use of patient's normal glasses or contact lenses when examining acuity (n = 52)**



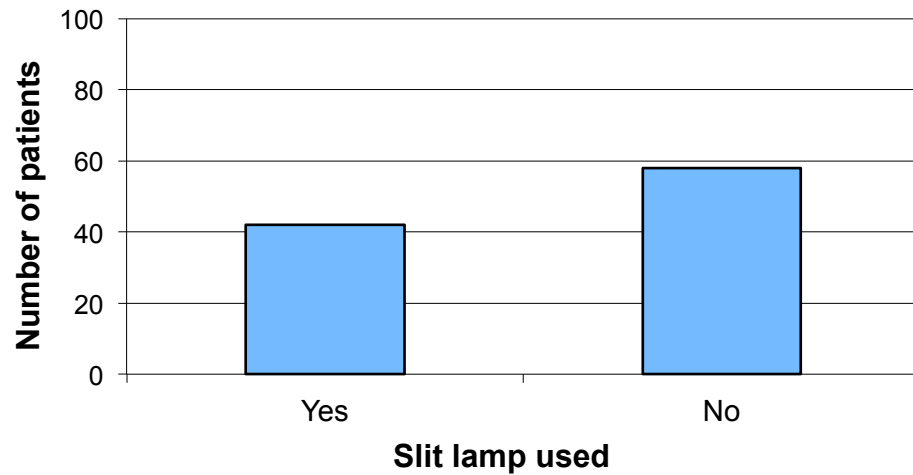
**Use of fluorescein staining**



**Use of pinhole correction when examining acuity if acuity  $\leq 6/9$  (n = 55)**

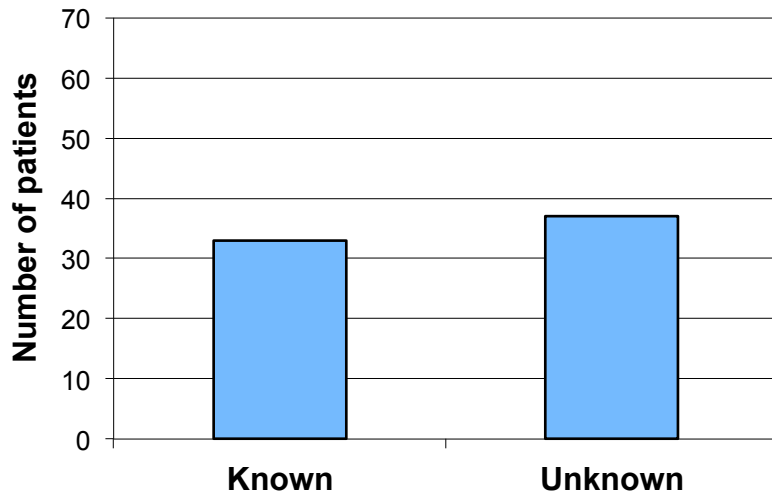


**Use of slit lamp**

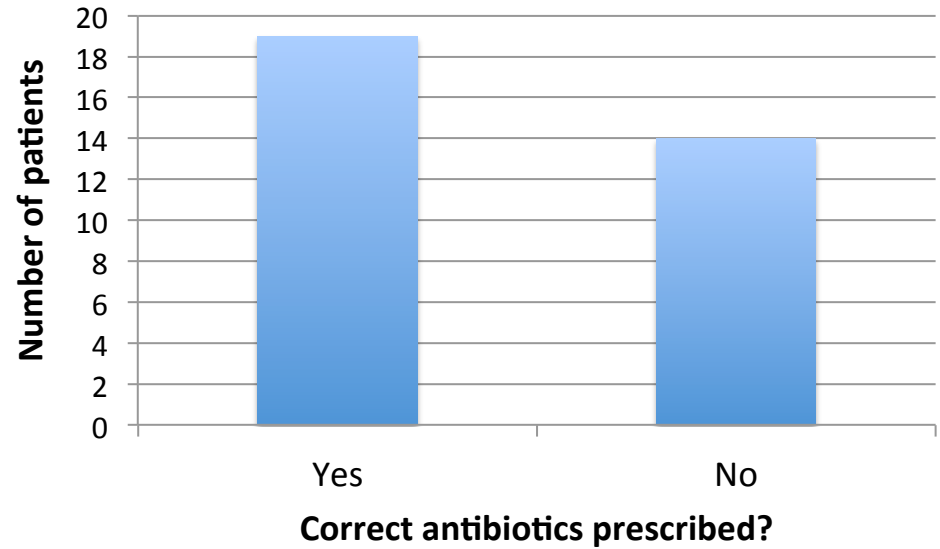


# Antibiotics

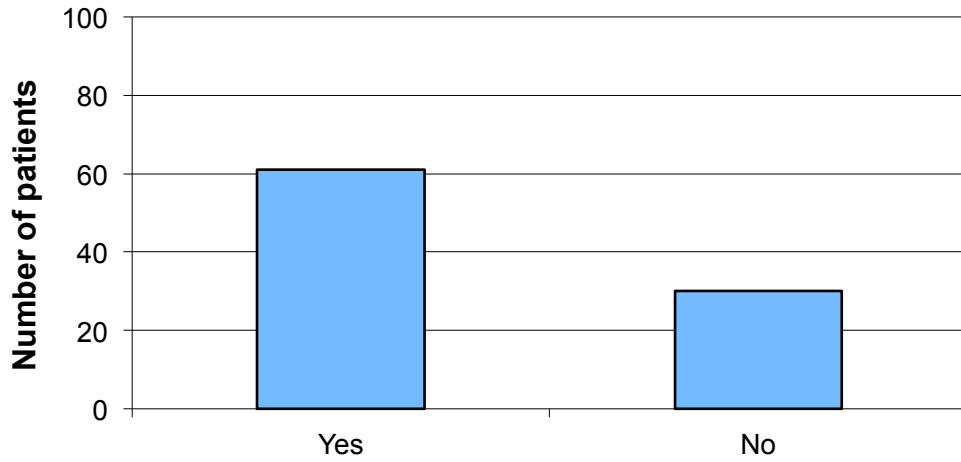
**In patients who needed antibiotics,  
was CL status known?**



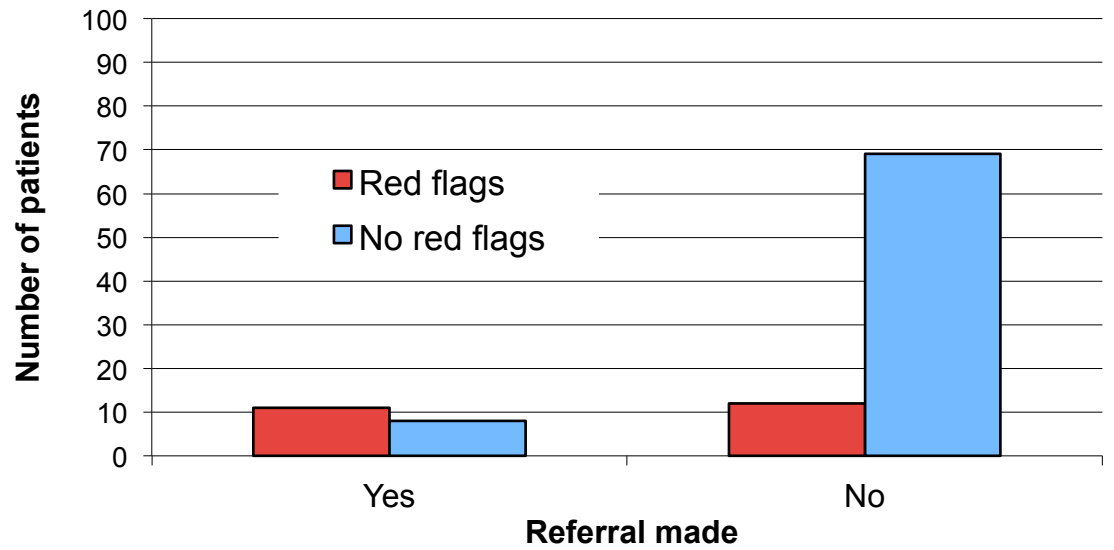
**Correct prescription of antibiotics, as per  
Trust guidelines**



### Follow-up or safety net documented?



### Ophthalmology referrals





# Old clerking pro forma

## Eye Documentation Sheet

King's College Hospital   
NHS Foundation Trust

Patient name: \_\_\_\_\_  
Hospital No. \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Practitioner: \_\_\_\_\_

History	Age:	♂ / ♀	Occupation:	Indicate source of history if not the patient:
PC				Myopic (shortsighted) Yes / No Details: _____ Hypermetropic (longsighted) Yes / No Details: _____ Wears Glasses Yes / No Wears Contact Lenses Yes / No Type: _____

**HPC / Mechanism:** Date/Time of injury/symptom onset: \_\_\_\_\_ Side: Left / Right: \_\_\_\_\_ Visual disturbance (e.g. floaters, flashing lights, visual field loss e.t.c.) \_\_\_\_\_

PMH (including eye Hx):	Medications:

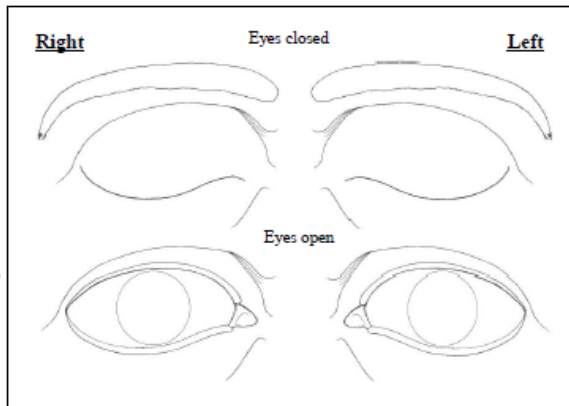
**SH:** \_\_\_\_\_

Allergies:	ATT status:

**Examination:** Temp \_\_\_\_\_ P. \_\_\_\_\_ BP \_\_\_\_\_ RR \_\_\_\_\_ Other: \_\_\_\_\_ (As appropriate)

**General:**

Visual acuity:	Right	Left
Unaided:		
Glasses/Contact Lenses:		
Pin Hole:		
pH:		
Intraocular Pressure:		



\* Visual disturbance (e.g. diplopia, floaters, flashing lights, visual field loss or shadows etc): Yes / No Details: \_\_\_\_\_  
\_\_\_\_\_

\* Photophobia: Yes / No \* Watery: Yes / No \* Discharge: Yes / No Details: \_\_\_\_\_  
\* Pain / Discomfort / Itching: Yes / No Details: \_\_\_\_\_  
\* Eye position symmetrical: Yes / No Details: \_\_\_\_\_  
\* Eye movements normal (+ note any diplopia on testing): Yes / No Details: \_\_\_\_\_

**Peri-Orbital Area:** \* Wounds: Yes / No \* Bruising: Yes / No \* Swelling: Yes / No \* Erythema: Yes / No  
\* Lesions: Yes / No Details: \_\_\_\_\_

**Eyelids & Lashes:** \* Wounds: Yes / No \* Bruising: Yes / No \* Swelling: Yes / No \* Lesions: Yes / No  
\* Crusting: Yes / No \* Ptosis: Yes / No \* Blepharospasm: Yes / No \* Erythema: Yes / No  
\* Infestation: Yes / No \* Ectropion: Yes / No \* Entropion: Yes / No Details: \_\_\_\_\_

**Conjunctiva / Sclera:** \* Injection: Yes / No \* FBs (+ sub tarsal): Yes / No \* Chemosis: Yes / No  
\* Papillae: Yes / No \* Pinguaculae: Yes / No \* Cysts: Yes / No  
\* Pterygia: Yes / No \* Subconjunctival haemorrhage: Yes / No \* Ciliary Flush: Yes / No  
\* Follicles: Yes / No Details: \_\_\_\_\_

**Cornea (+/- Fluorescein stain):** \* Clear: Yes / No \* Wounds: Yes / No \* Abrasions: Yes / No \* Ulcers: Yes / No  
\* FBs: Yes / No Details: \_\_\_\_\_

**Anterior Chamber:** \* Hyphaema: Yes / No \* Hypopyon: Yes / No \* Keratic precipitates: Yes / No  
\* Inflammatory cells: Yes / No \* Posterior synechiae: Yes / No \* FB: Yes / No  
Details: \_\_\_\_\_

**Iris & Pupils:** \* PERL: Yes / No \* Regular shape: Yes / No Details: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Impression:** \_\_\_\_\_

Investigations:	Results:

**Treatment / Advice:** (Please tick) Verbal & written advice  **TTAs / Prescription:** \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disposal:** A&E SOS GP Eye clinic Other: \_\_\_\_\_  
**Signature, name and designation:** \_\_\_\_\_