

OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

Donna Kim, MD | Maggie Hymowitz, MD

Next Virtual Meeting

Mark your calendars for the upcoming **AAO Open Forum - Ophthalmic Hospitalist Q&A.**

Topics include residency program director perspectives, private practice consult models, contracts and incentives, and hospitalist recruitment. This is an interactive live Q&A so bring your questions!

Thursday Jan 14, 2021 @ 5pm PST/ 8pm EST

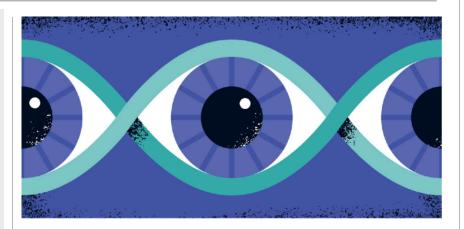
Register Here

AAO Webinar Video

Here is a <u>link</u> for those who wish to view the recent AAO Webinar **The Ophthalmic Hospitalist** which is also now available on the AAO website.

Welcome New Members!

Please visit the <u>OHIG website</u> to confirm that your information is correct. Thank you!



Articles

Strategies to Address Racial and Ethnic Disparities in
Vision Care Research, JAMA Ophthalmology, Nov 2020

An article highlighting the importance of ensuring equitable inclusion of minority racial and ethnic groups in vision research.

Eye Protection for Patients with COVID-19 Undergoing
Prolonged Prone-Position Ventilation, JAMA

Ophthalmology, Nov 2020

An interesting article from Maggie and her team at Northwell showing potential adverse ocular effects from prolonged prone positioning among COVID ICU patients.

Big Data in Ophthalmology, APA of Ophthalmology, July 2020

A review of Big Data and its exciting potential applications within ophthalmology, and the challenges it poses.

* Click on links for articles, PDF copies are also attached to email





PEARLS

Solution for Fogging Lenses

Frustrated with PPE related condensation on your lens during patient exams?

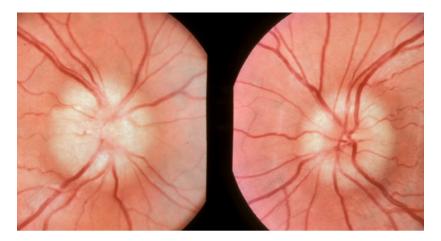
Try placing a **hand warmer** in your lens case! This will continually warm lenses to above body temperature so warm moist air directed from a patient's mask does not cause condensation on your lens.



<u>Click here</u> for a disposable hand warmers on Amazon that last 12 hours.

Thank you OHIG member Dr. Thomas Hwang (retina) for sharing this brilliant idea.

CONSULT ROUNDS



It's 2:50am on a Wednesday night. The on-call ophthalmologist is at home and receives a page from the ER regarding a 9 year old female with a h/o Arnold Chiari malformation, congenital hydrocephalus, and VP shunt placement.

The patient has worsening headache and there is concern for shunt failure with resultant elevated ICP. Quick brain MRI shows possible increased ventriculomegaly. Neurosurgery requests a "r/o papilledema" consult from ophthalmology to help guide their management. The patient is nonverbal due to developmental delay and unable to comment on her vision.

What would you or your resident be expected to do?

Options:

- A) Drive to the ER to see the patient immediately
- B) Decline the consult since the lack of optic disc edema does not rule out elevated ICP, this is a low yield consult
- C) Have the patient remain in ER observation so the eye provider can examine her during regular business hours
- D) Other describe your hospital/ER protocol for these consults

<u>Click here</u> for the Survey Monkey



DIY Consult Room

Get a fresh start to 2021 with a dedicated consult room to improve your organization and efficiency on consults. See page 4 for details.

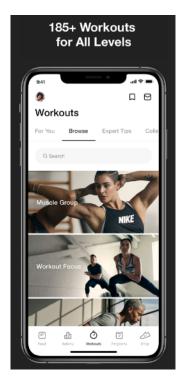
New Year Healthy MD

Make self care a priority for 2021! Beat COVID depression and burn out with exercise.

Nike Training Club

A handy <u>free app</u> that is suitable for all work out levels and used by OHIG members who have found it useful to get in shape!





Case Comments:

R/o papilledema requests can be a common consult for ophthalmology - often involving scenarios pertaining to headache, nausea/vomiting, vision loss, intracranial mass, or elevated ICP. No formal guideline exists for how these consults should be managed.

Research in this area could provide evidence based insight about the incidence of positive clinical findings, resultant changes in management, and long-term visual prognosis.

OCT imaging and AI are other exciting areas of development that could potentially provide screening by means of photography.

If interested in pursing research in this area, please reach out to Maggie or Donna. Thank you!

Selected Articles:

<u>Characteristics and Incidence of Inpatient Ophthalmology</u> <u>Consultations to Screen for Papilledema</u>

<u>Artificial Intelligence to Detect Papilledema from Ocular Fundus Photographs</u>

<u>Using OCT as a Surrogate of Measurements of Intracranial</u> <u>Pressure in IIH</u>

Case Photo Source:

<u>Digital Library, Univ of Utah:</u>



DIY Consult Room Tips

Seeing consults at a hospital with no adjacent eye clinic can be challenging - we are limited in terms of what we can bring to the inpatient bedside. The new year could be a great time to negotiate with your hospital or ER for a dedicated "eye room" that could be fully equipped to provide efficient, high quality care.

Here is a nice example from Maggie showing an eye room set up at her hospital ER. It is well stocked with eye supplies, an exam chair and slit lamp, b-scan ultrasound, and an additional wheeled slit lamp that can be used for hospitalized patients. Added COVID precautions include a mounted shield for the SLE.

The room is shared with ENT and is securely maintained via badge access.







Suggested Consult Room Supplies

Plastic clear eye shields Plastic and Cloth Tape

Bandage CTL's

Contact Lens Cases

Contact Lens Plungers

Sterile Saline Flushes

pH paper

4x4's

Tissues

Long cotton tip applicator Calcium alginate swabs

Bacterial culture swabs

Viral swabs

Corneal culture plates

5% Betadyne

10% Betadyne swabs

30 gauge needles

18 gauge needles

TB syringes

Fluorescein strips

Tonopen tip covers

Alcohol swabs

Goniosol

Ultrasound gel

6-0 vicryl

6-0 plain gut

6-0 silk or nylon

Sanitizing wipes or UV light box

Small adhesive eye drape

(for bedside lid lac repairs)

Suggested Consult Room Instruments

Tonopen

Gonio lens

Westcott scissors

Bishop Harmon or Adson forceps

0.12 forceps

Jeweler forceps

Golf club spud

Needle drivers

Desmarres retractors

Clamps

Adult and pediatric specula

Punctal dilator

Punctal probes

Corneal burr

Portable cautery unit

If you lack access to instrument sterilization, Katena has a variety of disposable single use

sterile instruments: click here

We have no financial disclosures for these $\,$

products.

ER Pyxis Meds

Proparacaine

Fluress

Cyclomydril

Cyclopentolate

Tropicamide

Phenylephrine

Timolol

Dorzalamide

Brimonidine

Latanoprost

Cosopt

Diamox 250 mg tabs