

OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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Announcements

Happy Holidays

OHIG wishes you a wonderful holiday season and happy new year with family and colleagues!

Join the Community!

Have a questions about inpatient/ER consults? Share on the <u>AAO/OHIG community</u>! Log in with your AAO username.

OHIG Topic Wishlist

Have a topic or case you would like to feature in an OHIG newsletter? We welcome your ideas and expertise. Email ohig@ohig.org.

Welcome New Members!

Thanks for joining OHIG! Please verify your information on the OHIG website.



Articles

Intravitreal Anti-VEGF Injection for ROP: A Sytematic Review and Meta Analysis, Frontiers, 2022

Are you doing injections for ROP in the hospital? Here is a review and meta-analysis for anti-VEGF monotherapy for ROP.

Anti-VEGF for NVG, Cochrane Review, 2023

Are you doing injections for NVG in the ED or hospital? Here is a well regarded Cochrane review of anti-VEGF for NVG.

Delayed Anti-VEGF Injections during the COVID-19
Pandemic and Changes in Visual Acuity in Patients with
Three Commone Retinal Diseases, Survey of
Ophthalmology, 2022

Ever wonder if delayed injections during COVID had an effect on retinal disease outcomes? Are there similar concern about delayed injections for hospitalized patients who are admitted for weeks/months? Read this review to help decide that for yourself.



PEARLS



EPIC Hospital Ophthalmology Injection Order Sets

Order and Order Set Search

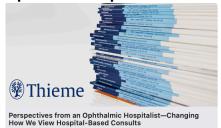
CEI INPATIENT



Exploring ways to expedite your intravitreal injections in the hospital?

Check our **page 4** for an example of an EPIC injection order set which streamlines this process. Also has the benefit of pharmacy preapproval for rapid dispensing.

Ophthalmic Hospitalist Editorial



A little holiday reading on consults to enjoy: "Perspectives from an Ophthalmic Hospitalist - Changing How we View Hospital-Based Consults", written by OHIG member Donna Kim.

Click here

CONSULT ROUNDS



You receive a page from the cardiac ICU about a 45 year old female who is admitted for multiple systemic conditions including heart failure. She is remains on the heart transplant list and cannot leave the hospital without surgery.

The patient is alert and oriented. She mentions recent right eye blurry over the past week. She has a known diagnosis of wet AMD for which she receives monthly anti-VEGF injections with an outside retina provider. This treatment regimen has been effective for maintaining vision in her good remaining eye. The patient is concerned about her long hospital stay, potentially weeks or months which will delay her eye injections. She is very anxious about losing vision in her good remaining eye. The patient is not medically stable enough to transport to the eye clinic for OCT/FA imaging and would be limited to bedside procedures only.

The ophthalmology consult service does not routinely provide inpatient anti-VEGF injections for AMD as this is typically deferred to the outpatient setting. However you wonder if you should consider this case as the patient is functionally monocular and at risk of vision loss in her good remaining eye long-term.

What would you do?



Options:

- A) Do not offer injection since you do not have an OCT in the hospital
- B) Do not offer injection since infection risk is higher in the hospital
- C) Do not offer injection since this is not in line with the existing consult policy
- D) Offer a bedside injection even without OCT as the patient is at risk of vision loss
- E) Offer bedside injection once for this inpatient
- F) Offer ongoing monthly bedside injections for as long as the patient is admitted to the hospital
- G) Other?

Case Comments: Anti-VEGF injections are a highly effective and mainstay treatment for many ophthalmic conditions including AMD, PDR, retinal vein occlusions, ROP, NVG, etc. Management paradigms are often heavily reliant on diagnostic OCT/FA imaging which is not routinely available in the inpatient setting. This case weighs benefit vs harm, including the potential risks of delayed treatment. While there is no "right" answer for this case it does bring up the important question of how we wish to manage hospital patients with limited diagnostic equipment and how this compares with standards of care in the outpatient setting. Should they be the same or different? Consult policies can help allow for consistent clinical practices although case by case consideration is also important.

Inpatient Anti-VEGF Use Survey

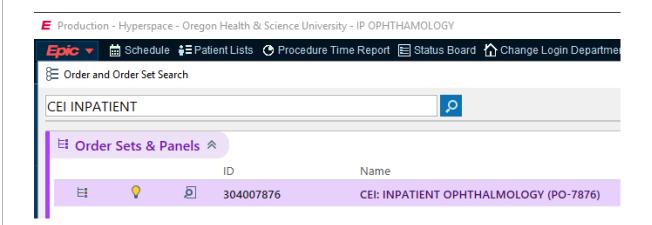
Question: Which ophthalmic conditions receive bedside anti-VEGF injection in your hospital? Select all that apply:

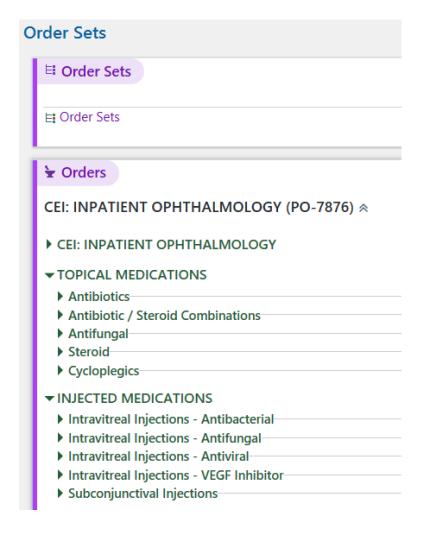
- A) Neovascular AMD
- B) Proliferative Diabetic Retinopathy
- C) Retinal Vein Occlusion
- D) Neovascular Glaucoma
- E) ROP
- F) We do not provide bedside adult inpatient anti-VEGF injections
- G) We do not provide bedside pediatric ROP anti-VEGF injections
- H) Other

Please share on the AAO/OHIG Community: https://aao.mobilize.io/main/groups/47315/lounge

EPIC Hospital Ophthalmology Injection Order Set Oregon Health and Science University (OHSU) Casey Eye Institute









(Expanded drop down menus)

NJECTED MEDICATIONS
▼ Intravitreal Injections - Antibacterial
amikacin intravitreal injection
cefTAZidime intravitreal injection
☐ vancomycin intravitreal injection
▼ Intravitreal Injections - Antifungal
amphotericin B intravitreal injection
voriconazole intravitreal injection
▼ Intravitreal Injections - Antiviral
foscarnet intravitreal injection
ganciclovir intravitreal injection
▼ Intravitreal Injections - VEGF Inhibitor————————————————————————————————————
aflibercept intravitreal injection
O bevacizumab intravitreal injection
▼ Subconjunctival Injections
\square lidocaine 1% VIAL - MD to bring syringe/needle to bedside
\square triamcinolone 40 mg/mL VIAL - MD to bring syringe/needle to bedside
vancomycin subconjunctival injection
voriconazole subconjunctival injection