

OPHTHALMIC HOSPITALIST INTEREST GROUP

NEWSLETTER

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Open Forum Thanks

Thank you for attending the Jan **AAO/OHIG Ophthalmic Hospitalist Q&A Open Forum**.

We appreciate the expertise shared by OHIG members **Lori Stec, Barbara Schroeder, Craig Czyz, and Carolyn Kloeck**. Visit the [OHIG website](#) events page to view the recording.

Exposure Keratopathy Survey Results

Thank you for submitting your survey responses! A variety of approaches were recommended. See page 3 for details.

Consult Steps Challenge Results

Thank you for submitting your highest daily steps in the hospital during January. Congratulations to our winner **John Bond** from Vanderbilt University who did 8884 steps! Wow!!!

Consult Research

Have a research idea or are you interested in participating in future consult studies? Email [Maggie](#) or [Donna](#) if interested.

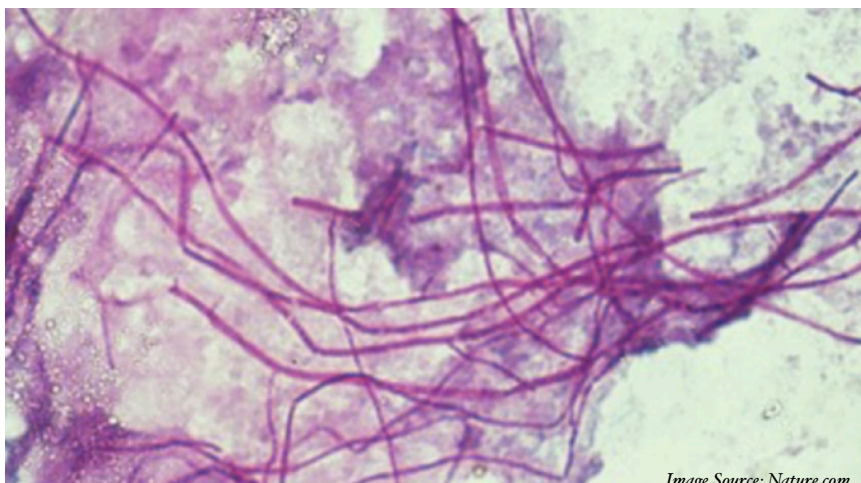


Image Source: Nature.com

Articles

[Ocular Involvement in Patients with Fungal Infections, Ophthalmology, May 1985](#)

A historic article from the Wilmer pathology lab showing rates and characteristics of fungal ocular involvement among patients who died of fungemia or invasive fungal infection.

[Utility of Ophthalmic Screening for Patients with Candida Bloodstream Infections: A Systematic Review, JAMA Ophthalmology, April 2019](#)

An interesting review of 38 studies which brings into question the utility of indiscriminate screening for Candidemia alone.

[Inpatient Ophthalmology Consultation for Fungemia: Prevalence of Ocular Involvement and Necessity of Fundusoscopic Screening, AJO, Nov 2015](#)

An article from Wills Eye Hospital reviewing the rate of ocular involvement, microbial profile, clinical characteristics, and influence on duration of anti-fungal treatment.



PEARLS

EHR Intravitreal Order Sets

EHR order sets can be a great way to help streamline bedside intravitreal injections for cases of bacterial, fungal, or viral eye involvement.

Reach out to your inpatient pharmacist and EHR representative to help explore this option.

See page 4 for example.

B-Scan Probe Cleaning Tips

Wondering how to clean your ultrasound probe on hospital consults?

The AAO, CDC, and ANSI/AAMI use the Spaulding Classification as a guide for cleaning

Probe Through The Eyelid

- considered intact skin
- low level disinfection
- wipe with 70% alcohol prep pad

Probe Directly on the Eye Surface

- considered mucous membrane
- high level disinfection
- sodium hypochlorite soak for 10 minutes (5000-6000 ppm)

CONSULT ROUNDS

You are consulted about a 45 year old female with leukemia s/p bone marrow transplant and chemotherapy. Her hospital course has been complicated by recent positive blood cultures for which she is being treated with systemic fluconazole. The suspected source is an infected chemo port which has now been removed.

The Infectious Disease consultant requests a screening dilated eye exam for fungemia. The patient has no visual symptoms and no clinical findings to suggest endophthalmitis.

You are 8 months into the COVID pandemic with a continued sharp rise in cases at your hospital and state. A vaccine is on the way but has not yet been made available at your institution.

How would you manage this fungemia consult request?

Fungemia Survey

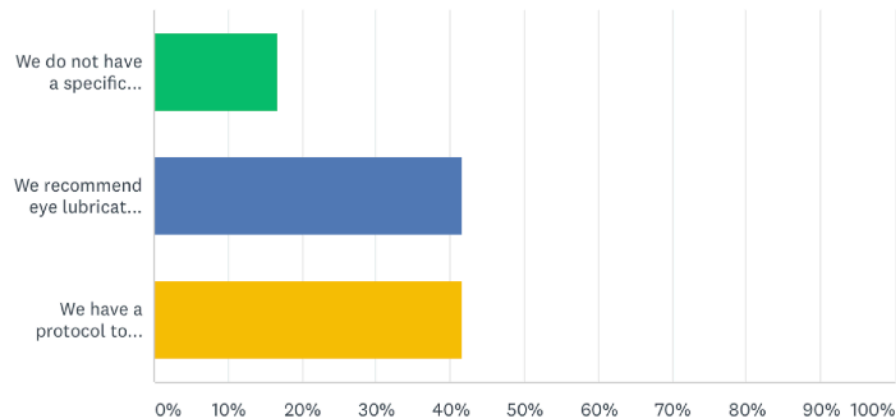
- A) See the patient per usual protocol
- B) Do not see the patient to reduce unnecessary exposures
- C) Do not see the patient since they are already on systemic therapy and unlikely to need an injection
- D) Other

[Click here](#) to share your responses on Survey Monkey.

Selected Articles:

[Do ALL candidemic patients need an ophthalmic exam?](#)

How do you manage exposure keratopathy at your hospital?



| ANSWER CHOICES | RESPONSES |
|--|----------------------------------|
| ▼ We do not have a specific protocol in place | 16.67% |
| ▼ We recommend eye lubrication only if consulted on a patient | 41.67% |
| ▼ We have a protocol to help protect at risk patients (describe below) | Responses 41.67% |

☐ All ICU patients have it in their admission order set
1/25/2021 10:53 AM [View respondent's answers](#)

☐ Burn ward patients receive ATs q2h and lacrilube qid
1/25/2021 10:16 AM [View respondent's answers](#)

☐ The ICUs have their own protocol, which seems to consist of prn lacrilube. We are consulted not infrequently for failed management. Treatment ranges from regularly scheduling ointment to moisture chambers to temporary tarsorrhaphy. had a patient or two perf over the last 2 decades, which necessitates bedside glue...
1/4/2021 6:35 AM [View respondent's answers](#)

☐ Patients in the ICU, we close their eyes with Duratears ointment and Tegaderm
1/2/2021 5:16 AM [View respondent's answers](#)

☐ EHR orders for mechanical ventilation with sedation have a suggestion for Lacrilube QID OU
1/1/2021 11:09 PM [View respondent's answers](#)

Example of Inpatient EHR Ophthalmology Injection Order Set

Epic

Order Sets

▼ MEDICATIONS (Collapsed)

- ▶ Intravitreal Injections - Antibacterial
- ▶ Intravitreal Injections - Antifungal
- ▶ Intravitreal Injections - Antiviral
- ▶ Intravitreal Injections - VEGF Inhibitor
- ▶ Subconjunctival Injections



▼ MEDICATIONS (Opened)

- ▼ 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 panel
- ▼ Intravitreal Injections - VEGF Inhibitor
 - ☐ bevacizumab intravitreal injection
- ▼ Subconjunctival Injections
 - ☐ lidocaine 1% VIAL - MD to bring syringe/needle to bedside
 - ☐ triamcinolone 40 mg/mL VIAL - MD to bring syringe/needle to bedside
 - ☐ vancomycin subconjunctival injection
 - ☐ voriconazole subconjunctival injection