

OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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Announcements

Join the Community!

Read about NAT survey results, Ophthalmic Hospitalist podcast, advice about OCT in the ER, and more!

AAO/OHIG Online Community!



Have a topic or clinical case that you'd like to feature in a future OHIG newsletter? We welcome your ideas and expertise. Feel free to email ohig@ohig.org

Welcome New Members!

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



Articles

Ocular Examinations, Findings, and Toxicity in Children
Taking Vigabatrin, JAAPOS, 2022

An article showing a low incidence of Vigabatrin-related ocular toxicity bringing into question the utility of screening protocols which can be challenging to do in children.

Ethambutol Toxicity: Expert Panel Consensus for
Primary Prevention, Diagnosis, and Management of
Ethambutol Induced Optic Neuropathy, IJO, 2021

A consensus statement from a panel of neuro-ophthalmologists, infectious disease, and scientists regarding Ethambutol screening guidelines.

AAO Recommendations on Screening for Endogenous
Candida Endophthalmitis, Ophthalmology, 2022

Guidelines from the AAO which can help navigate discussions regarding screening eye exams for fungemia in the hospital.

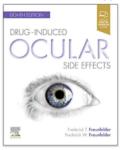
Image Source



PEARLS



Clinical Ocular Toxicology



A helpful reference for drug related screening consults.

Click here

Consult Steps Challenge!



Congratulations to our new consults steps champion

Dr. Joanne Shen from Mayo Clinic who did a whopping **16,276** steps on Jan 13th, 2022. Amazing!!!

<u>Consult Steps Champion Roster</u> 2022 - Dr. John Bond, 8884 steps Vanderbilt University

CONSULT ROUNDS

It is a busy day on consults. You have received over 10 pages over the past 3 hours alone.

Page 1: ER, facial knife assault, possible open globe

<u>Page 2</u>: Heme-Onc service, neutropenic leukemia patient with a red eye and blurry vision

<u>Page 3</u>: Trauma ICU, patient involved in MVA with proptosis

<u>Page 4</u>: Peds, rule out optic nerve hypoplasia as part of SOD consult

<u>Page 5</u>: Internal Medicine, homeless patient admitted with DKA, never had an eye exam and unable to come to clinic due to challenging social circumstances, in need of a diabetic eye exam

<u>Page 6</u>: NSG, stat consult for R/o papilledema in shunt patient

<u>Page 7</u>: GI, liver failure patient, rule out Kayser Fleischer ring, hepatology attending insists on eye exam today

<u>Page 8</u>: ID, Fungemia patient with trace ocular injection, no visual symptoms

<u>Page 9</u>: ID, TB patient about to start Ethambutol, needs baseline eye exam

<u>Page 10</u>: Neurology, 12 yo child with severe autism and refractory epilepsy, will start Vigabatrin and needs screening eye exam, patient gets very agitated with exams, unlikely to tolerate OCT imaging or a visual field testing

You are are dedicated ophthalmologist and wonder how best to triage these consults, many of which are screening requests.

What would you do?

Case Considerations: Ophthalmology serves an important consultant role in the hospital often weighing in on cases involving multi-disciplinary care. Screening for ocular medical toxicities and ocular manifestations of systemic disease can be important. While some screening guidelines exist, these can be complicated to implement within an inpatient setting if there is limited access to diagnostic aids such as OCT imaging and formal visual field testing.

Triage of these consults is important in terms of time management and patient benefit. It can be helpful to consider creating triage algorithms or policies which can offer a consistent and evidence based approach to screening consults.

Screening Consult Survey

Question: Which ophthalmology screening consults do you offer in your inpatient setting?

- A) Ethambutol
- B) Vigabatrin
- C) Plaquenil
- D) MEK Inhibitor
- E) Diabetic Retinopathy
- F) Hypertensive Retinopathy
- G) R/o Papilledema
- H) R/o Kayser Fleischer Rings (Wilson's Disease)
- I) R/o Optic Nerve Hypoplasia (SOD consult)
- J) R/o Ocular Coloboma (CHARGE consult)
- K) Fungemia adults, visually asymptomatic
- L) Fungemia adults, visually symptomatic, clinical concern
- M) Fungemia pediatric
- N) Inpatient refractions
- O) Other/comments

Submit your responses on the AAO/OHIG Online Community: https://aao.mobilize.io/main/groups/47315/lounge