

# OPHTHALMIC HOSPITALIST INTEREST GROUP

## NEWSLETTER

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### Next Virtual Meeting

Join us 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](#)

### R/o Papilledema Survey Results

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

### Welcome New Members!

Please visit the [OHIG website](#) to confirm that your information is correct. Thank you!

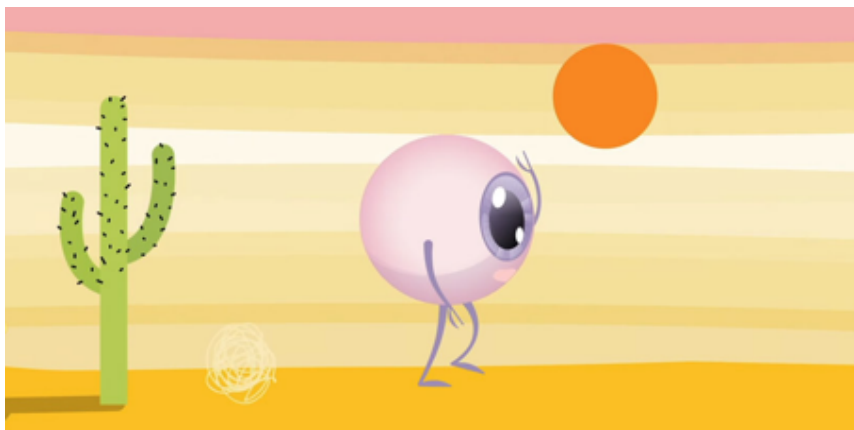


Image Source: AAO.org

### Articles

[Eye Care in the ICU During the COVID-19 Pandemic, Brit Journal of Hospital Medicine, May 2020](#)

A review of ocular complications during the surge of ICU admissions from the COVID-19 pandemic.

[Prevalence and Risk Factors of Exposure Keratopathy Across Different ICU Unit, Cornea, Sept 2019](#)

An article looking at the prevalence and risk factors associated with exposure keratopathy across different ICU units at Columbia University.

[Screening for Ocular Surface Disease in the Intensive Care Unit, Eye, Aug 2007](#)

An article showing how ICU staff can effectively perform screening examinations for exposure keratopathy which can promote earlier identification and management of keratitis.

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



## PEARLS

### EHR Ocular Lubrication Protocol

EHR order sets can be a great way to encourage ocular lubrication for ventilated and sedated ICU patients.

Work with your EHR staff to add an option for “lacrilube QID OU” to mechanical ventilation order sets

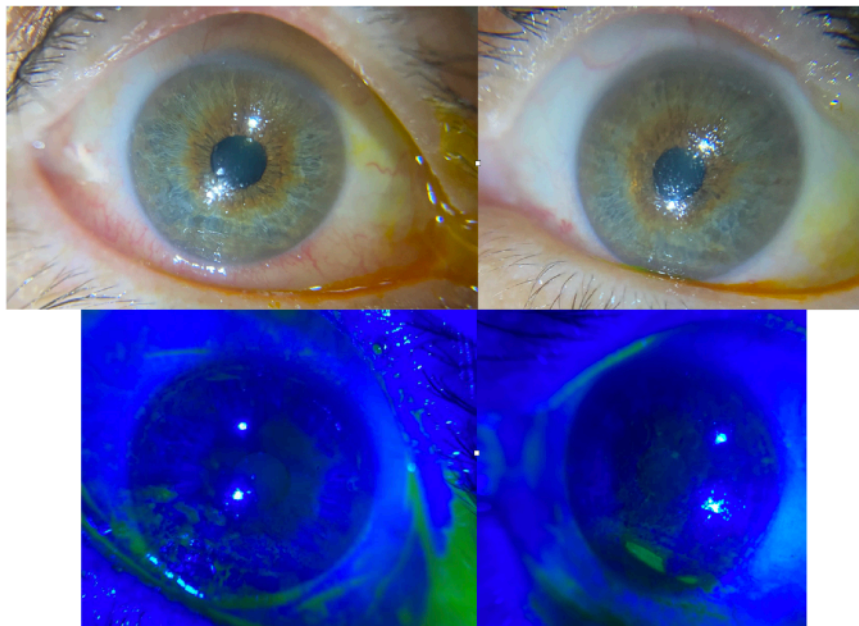


### Clothes for Consults

Personalized scrubs are a great way to look professional and have an easily laundered wardrobe for seeing COVID consults in the hospital. Look good in 2021!

Uniform Advantage provides reasonable, high quality attire that is comfortable

## CONSULT ROUNDS



You are consulted for “red eyes” in a 38 year old male who underwent an endoscopic endonasal surgery for a pituitary adenoma. The patient is in the NSICU, intubated and sedated.

You are unable to obtain a history, VA, or EOM’s due to the patient’s mental status. His pupils are reactive with a +APD OD. His anterior segment is significant for 1mm lagophthalmos OU, 1+ conjunctival injection OU, and corneal findings seen in the photo. Dilated posterior exam is notable for a pale optic nerve OD, otherwise fundus exam is wnl OU.

Given his ocular findings, a diagnosis of exposure keratopathy OU was made. The patient was started on erythromycin ointment and lacrilube alternating q2hr and taping the lids at all times. On follow up exam a few days later, his epithelial defects had improved and management was continued until the patient was extubated.

### Case Comments:

Exposure keratopathy is a very common diagnosis made in the inpatient setting, especially within the ICU. Prevention is key, however, if protocols are not in place to avoid exposure related

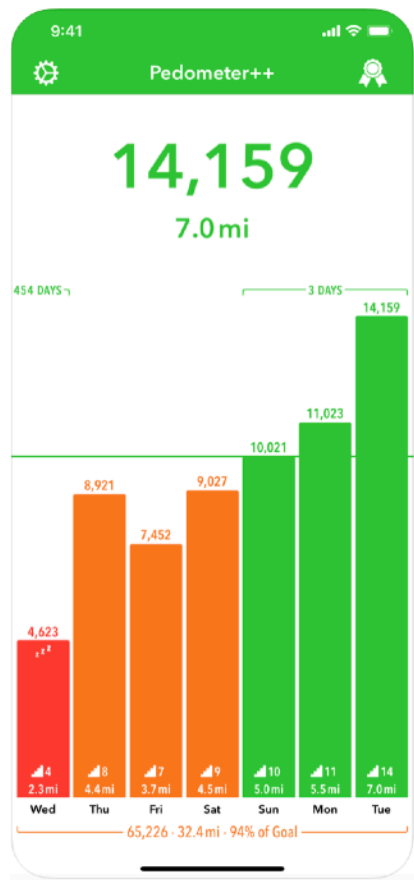
## Consults Steps Challenge

Make hospital consults part of your new year's resolution for a healthier MD living!

Here is a [free pedometer app](#) that can track your steps in the hospital.



**Pedometer++** 4.5  
Step Counter  
Cross Forward Consulting, LLC  
#37 in Health & Fitness  
★★★★★ 4.6 • 29K Ratings  
Free • Offers In-App Purchases



We want to know your steps!

[Click here](#) to submit your highest daily steps in January.  
Results TBA!

complications from occurring, treating these patients early to prevent corneal ulcers and/or perforation is imperative.

How do you manage exposure keratopathy in your hospital?  
Do you have a protocol or guideline in place to help protect patients who are at risk?

### Exposure Keratopathy Survey

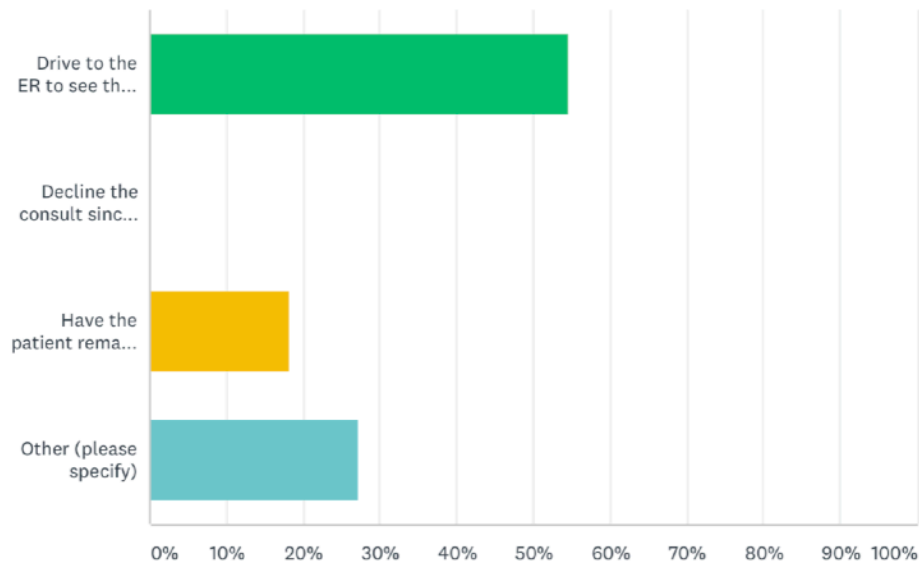
- A) We do not have a specific protocol for this
- B) We recommend eye lubrication only if consulted on a patient
- C) We have a protocol to help protect at risk patients: Describe

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

### Selected Articles:

[Eye Care in the Critically Ill: A National Survey and Protocol](#)

## What Would You or Your Resident Be Expected to Do?



ANSWER CHOICES ▼	RESPONSES ▼
▼ Drive to the ER to see the patient immediately	54.55%
▼ Decline the consult since the lack of optic disc edema does not rule out elevated ICP, this is a low yield consult	0.00%
▼ Have the patient remain in ER observation so the eye provider can examine her during regular business hours	18.18%
▼ Other (please specify) <a href="#">Responses</a>	27.27%

If the patient is admitted and already has neuro imaging and is medically stable, I would see the patient that same day (but not in the middle of the night).

12/3/2020 5:44 PM

[View respondent's answers](#) [Add tags ▼](#)

The patient needs to be seen, but not necessarily STAT. If the requesting service (neurosurgery) is going to emergently act on our results (i.e. immediately whisk the patient to the OR or book them as the first case in the AM if there is bilateral disc edema seen on our exam, then we will see them STAT. Otherwise, if neurosurgery is going to wait until the next day to formulate a plan, we will see them first thing in the AM.

12/2/2020 11:04 AM

[View respondent's answers](#) [Add tags ▼](#)

We have developed an agreement with neurosurgery regarding R/o papilledema consults. These consults are evaluated during the hours of 7am-8pm to help protect our eye residents from frequent night calls that may limit their daytime clinical activities due to work hour violations.

12/2/2020 10:22 AM

[View respondent's answers](#) [Add tags ▼](#)