

OPHTHALMIC HOSPITALIST INTEREST GROUP

NEWSLETTER

Donna Kim, MD | Maggie Hymowitz, MD

Announcements

Happy Birthday OHIG!

OHIG is now 3 years old! Thank you for sharing your consult expertise and support for the group.

Join the Community!

Read about comments from the Round Table discussion on CRAO, newly published articles on ocular monkeypox, and more!

[AAO/OHIG Online Community!](#)

OHIG Topic Wishlist

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](#).

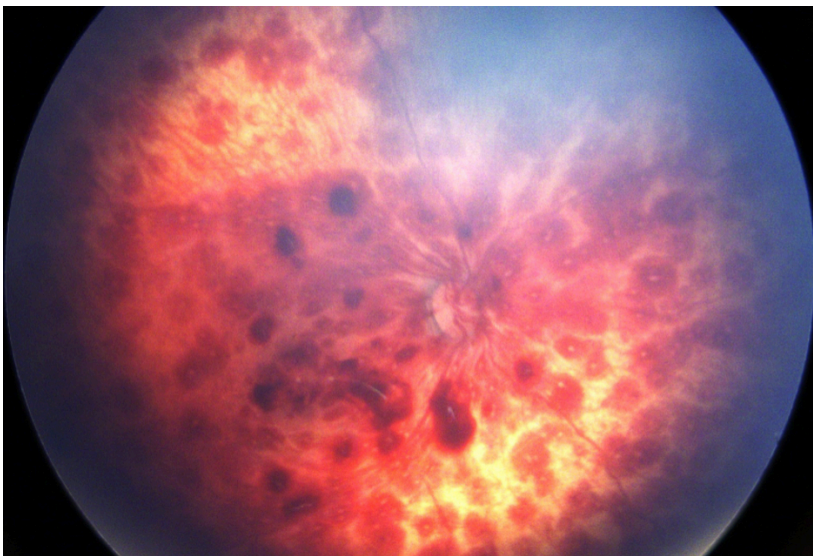


Image Source

Articles

[*NAT in Pediatric Patients: A Review of Epidemiology, Pathophysiology, Diagnosis, and Treatment, Translational Pediatrics, 2014*](#)

NAT is the leading cause of childhood traumatic injury and death in the US. Here is a helpful overview of this condition.

[*NAT in Pediatric Patients: Evidence Based Screening Criteria for Ophthalmologic Exam, J AAPOS, 2020*](#)

An evidence based screening recommendation for NAT suggesting that patients with neuroimaging abnormalities have the highest rate of retinal hemorrhages.

[*Long-term Visual Outcome Following Abusive Head Trauma with Retinal Hemorrhage, J AAPOS, 2019*](#)

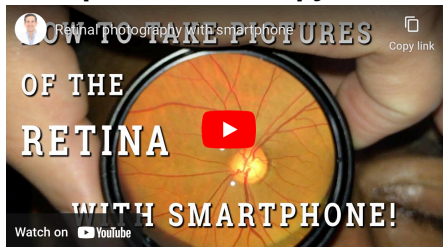
A cohort study showing that there is a high rate of long-term vision impairment in children with abusive head trauma and retinal hemorrhages.



PEARLS



Smartphone Funduscopy



A helpful resource from the AAO on how to use your smart phone to take fundus photos.

[Click here](#)

Ophthalmic Hospitalist Podcast

PODCAST



Experts InSight: Dr. Amanda Redfern speaks with Drs. Maggie Hymowitz and Donna Kim about the role of the ophthalmic hospitalist, a growing profession in ophthalmology

OHIG members **Drs. Donna Kim, Maggie Hymowitz**, and, **Amanda Redfern** discuss ophthalmic hospitalists, a growing profession in ophthalmology.

[Click here](#)

Consult Steps Challenge!

Start of the new year with exercise on consults. Beat **Dr. John Bond**, last's year consult steps champion with the highest daily steps: **8884**!

[Click here](#) to enter your highest daily steps in Jan. Winner revealed in Feb!

CONSULT ROUNDS



Dr. Thomas Valvano is an Associate Professor in Pediatrics at Oregon Health and Science (OHSU) who specializes in Child Abuse and Neglect

We wish to sincerely thank **Dr. Valvano** for sharing his expertise on the topic of NAT consults in terms of how ophthalmology can best help support this important service for the hospital and its pediatric patients.

Q1) How often are you consulted for NAT evaluations per year?

A1) We typically average 10-12 consults per month for a total of 120 to 140 per year. In addition, we are available to provide assistance by telephone to community physicians and outside hospitals.

Q2) What percentage of NAT consults receive a screening dilated eye exam?

A2) We recommend a dilated eye exam for any infant or child with concerns for abusive head trauma - usually when subdural or subarachnoid hemorrhage is present on head imaging. In the absence of intracranial hemorrhage, it would be unlikely to see retinal hemorrhages. I would estimate that we average approximately 10 cases of abusive head trauma per year. But we recommend ophthalmology evaluations more often than that. I haven't kept track of that but would guess it is approximately 15 to 20 times per year (around 10-15% of our consults).

Q3) How often are you asked to appear in court to represent NAT cases? Have ophthalmic findings been helpful in your discourse?

A3) Our NAT consult service members are required to testify in court on a regular basis. The two most common types of court

proceedings are child protection hearings where the court determines whether Oregon DHS should be given custody of the child, and criminal trials. We are also called to testify in Grand Jury proceedings which determine whether someone will be charged with a crime. Members of our NAT consult service testify in court approximately 10-15 times per year. In cases of abusive head trauma, the ophthalmic findings are a critical element of the diagnosis. Retinal hemorrhages are present in approximately 80-85% of patients with abusive head trauma. Findings of retinoschisis and retinal detachment are also associated with abusive head trauma.

Q4) What kind of documentation has been most helpful from ophthalmology regarding these cases?

A4) With regard to documentation, the most important thing is a detailed description, including location, number (or state too numerous to count/TNTC), extension to the periphery. Not just the presence or absence but also the extent of RH is important. RH in multiple layers, TNTC and extending to the periphery is much more specific for AHT, whereas a few RH limited to the posterior pole can be a relatively nonspecific findings associated with other causes. Photographs are great to have, particularly in cases when the ophthalmologist needs to testify in court.

NAT Survey

Question 1: Who evaluates NAT consults at your institution? Check all that apply:

- A) medical students
- B) Residents
- C) Pediatric Ophthalmology Fellow
- D) Retina Fellow
- E) Pediatric Ophthalmology Attending
- F) Retina Attending
- G) Ophthalmic Hospitalist
- H) On-Call Faculty for the week (no-specific background)
- I) Physician Assistant (PA)

Question 2: What kind of fundus documentation do you provide for NAT consults? Check all that apply:

- A) fundus drawing which is included in the note
- B) Retcam photo
- C) OCT imaging
- D) Iphone/20D lens photography
- E) handheld fundus camera (please specify)
- F) other (please specify)

Submit your responses on the AAO/OHIG Online Community:

<https://aao.mobilize.io/main/groups/47315/lounge>