

# OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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## THANK YOU!

We all have the unique position of working in the hospital to care for numerous COVID-19 patients with active eye conditions. Thank you for your bravery! We are all in this together.

## OHIG Website

We are continuing to construct our new group website! Stay tuned for more details.

## Web Conference

We plan to hold our first Zoom meeting on Friday, **May 29, 2020 from 12-1pm EST, 9-10am PST**. We would love to connect with you virtually and put a face and voice to the name. Please join us in a discussion of different ophthalmic hospitalist models and changes in hospital practices during/post-COVID. Invite will be emailed out.



## Articles

*Presenting Characteristics, Co-morbidities, and Outcomes Among 5700 Patients Hospitalized with COVID-19 in the New York City Area, JAMA April 2020*

The largest COVID-19 study in the US links specific co-morbidities to patient outcomes.

<https://jamanetwork.com/journals/jama/fullarticle/2765184>

*Developing COVID-19 Vaccines at Pandemic Speed, NEJM, March 2020*

An interesting perspective on the recent history of the development of vaccines and the process in which it takes to create one.

<https://www.nejm.org/doi/full/10.1056/NEJMp2005630>

*We Signed Up for This! - Student and Trainee Responses to the COVID-19 Pandemic, NEJM April 2020.*

Intriguing responses to a survey given to medical students and residents redeployed during the COVID-19 pandemic.

<https://www.nejm.org/doi/full/10.1056/NEJMp2005234>



## PEARLS

## Don and Doff Instructions

These are helpful links with written instructions and a video on how to properly don and doff when seeing a COVID + patient

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

<https://www.youtube.com/watch?v=t1lxq2OUy-U&feature=youtu.be>

## Boosting Resilience

We wanted to provide some useful tips to learn from during this time

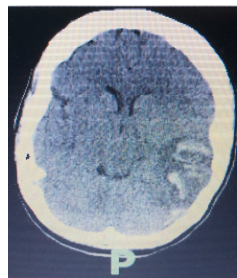
<https://medicine.hofstra.edu/pdf/faculty/facdev/article-of-the-month.pdf>

## **Things to Do with your resident during the COVID-19 Pandemic**

- Journal Club: pick a case you are currently managing, send the residents a peer-reviewed article, host a virtual chat
- Practice oral board cases over Zoom, ABO spring exam has been postponed to the fall. Testing format TBD.
- Research - case reports, observational or retrospective studies

## CONSULT ROUNDS

29 yo woman with no known PMH presents with new onset seizure activity. Pt had been experiencing cough and fever x 1 week. When she arrived in the ED, she was confused and complaining of neck pain. Head CT/CTV showed a dural venous thrombosis with associated hemorrhagic infarct in the left temporoparietal region. CT imaging revealed LUL peripheral ground glass opacities in the lung c/w COVID. Pt tested COVID PCR +. VS stable, 100% RA.



Pt was started on keppra and heparin (as benefits outweighed the risks) and a hypercoagulable workup was initiated.

Ophthalmology was consulted for double vision x 1 day and neurology exam significant for an abduction deficit in the right eye. Pt c/o HA, no pulsating ringing in the ears, unable to assess change in vision with head position. On exam, the pt was very lethargic, but 20/30 OU, no RAPD OU, 10% abduction OD, otherwise full OU, unable to perform CVF or color plates due to lethargy. Ant seg: exam wnl, post exam: Grade 5 disc edema with DH OU, macula flat OU.

The pt was unable to undergo an LP due to anti-coagulation, but her clinical exam findings were c/w elevated ICP, thus Diamox was initiated. It was presumed that the pt developed a venous sinus thrombosis secondary to hypercoaguability from COVID-19, but may also have an underlying thalassemia trait that could have played a role.

Article on hypercoaguability in COVID-19:

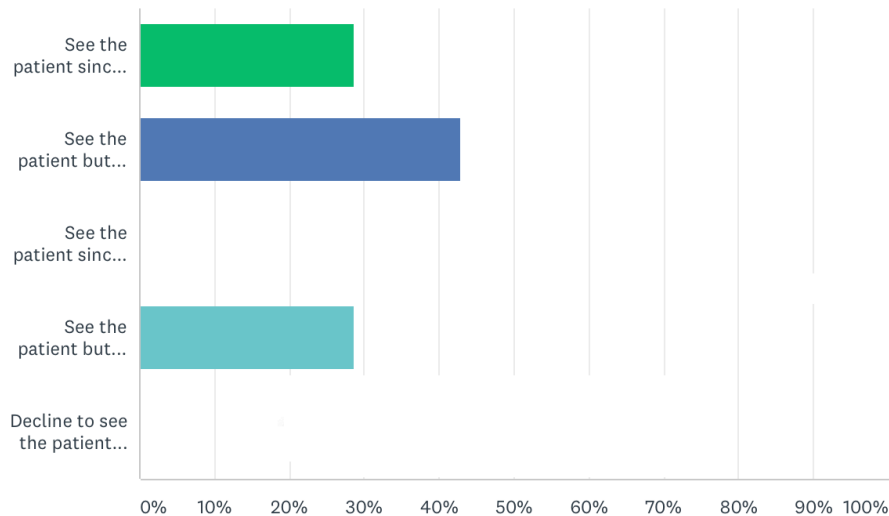
<https://www.sciencedirect.com/science/article/pii/S0049384820301201>

## Last Month's Ethics Consult Case Voting Results

Thank you for participating!

We received a variety of responses for this case which arguably has no one right answer.

What Would you Do?



ANSWER CHOICES ▼	RESPONSES ▼
▼ See the patient since physicians have an ethical obligation to care for patients even at risk to themselves	28.57%
▼ See the patient but without the resident to minimize exposure risk	42.86%
▼ See the patient since you may lose your job if you do not provide expected coverage for the hospital	0.00%
▼ See the patient but only after COVID-19 testing results come back negative	28.57%
▼ Decline to see the patient since physicians have the right to protect themselves (like anyone else) during pandemic outbreaks	0.00%

An interesting perspective from the NY Times:

In a Pandemic, Do Doctors Still Have a Duty to Treat?

<https://www.nytimes.com/2020/04/02/opinion/sunday/coronavirus-doctors-duty.html>