

# OPHTHALMIC HOSPITALIST INTEREST GROUP

## NEWSLETTER

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### Announcements

#### Join the Community!

Have a question or topic about inpatient/ER consults? Share on the [AAO/OHIG community](#)! Log in with your AAO username.

#### OHIG Topic Wishlist

Have a case you would like to feature in an OHIG newsletter? We welcome your ideas and expertise. Email [ohig@ohig.org](mailto:ohig@ohig.org).

#### Welcome New Members!

Thanks for joining OHIG! Please verify your information on the [OHIG website](#).



### Articles

#### [Examination Under Anesthesia: Preferred Practice, IJO, 2023](#)

Pediatric eye exams are often a challenge. This article provides a protocol for a complete eye exam under anesthesia.

#### [Sedation for ER Ophthalmic Examination, Eye Wiki, 2024](#)

Considerations for sedated ER exams and medication effects on aspects of the eye exam including IOP.

#### [Safety and Efficacy of Pediatric Sedation Protocol for Diagnostic Examination in Pediatric Emergency Room, Medicine 2023](#)

A study involving a sedation protocol for pediatric patients undergoing diagnostic testing with relatively few adverse events.

## PEARLS



### Anesthesia for Ophthalmic Procedures in Peds Patients



#### Anesthesia for Ophthalmologic Procedures in Pediatric Patients

Updated 11/2019

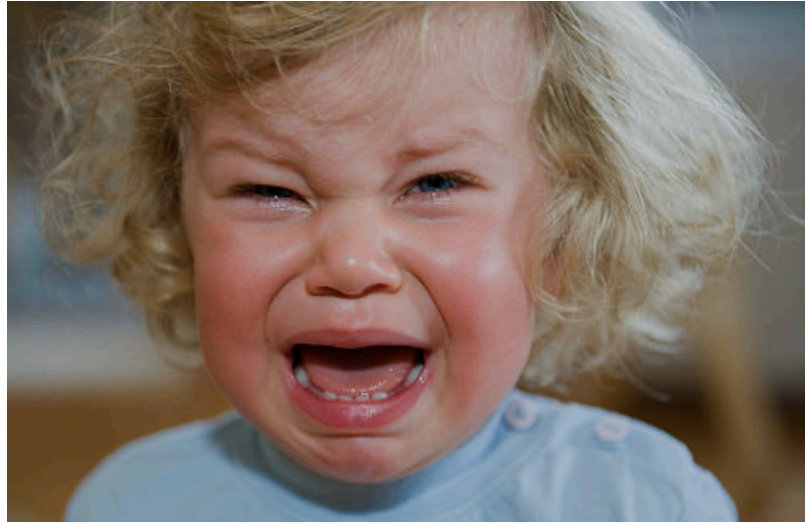
Amanda J. Darling, MD  
Marissa G. Vadi, MD, MPH  
UC Davis Department of  
Anesthesiology & Pain Medicine



A powerpoint slide presentation from UC Davis featuring pediatric anesthesiologists Amanda Darling MD and Marissa Vadi MD, MPH who provide helpful tips on sedated eye exams.

[Click here](#) to view.

## CONSULT ROUNDS



Pediatric eye exams can be inherently challenging.

Young patients can feel understandably anxious about being in the ED or undergoing eye exams which aren't the most comfortable thing in the world.

For some cases, it may feel clear when a sedated eye exam is needed (concern for ocular trauma/lid lacerations, NAT evaluations) while for others we have to weigh the logistics and safety of involving pediatric anesthesia.

What are the costs of missing something? When is it safe and arguably better to defer aspects of the eye exam?

Here are two consult scenarios we'd love to have you vote on!

Survey Scenarios:

1) You receive a consult request for papilledema evaluation in 4-year-old female with a known brain mass, ventriculomegaly, s/p VP shunt.

The patient is in the ED with headache and vomiting. NSG is debating whether to take the patient to the OR for shunt revision and requests an eye exam to evaluate for papilledema. They let

you know that if your exam is negative for papilledema, then they would discharge the patient home.

You attempt to see the patient but she is extremely agitated, and you are unable to examine. You wonder how to proceed. NSG re-pages and says they are waiting for your exam.

What would you do? Select all that apply:

- A) Ask the ED to sedate the patient for your papilledema exam
- B) Decline the exam, this is a low yield consult that does not outweigh the risks of peds sedation
- C) Ask the parents to decide whether or not they wish to have a sedated exam in the ED
- D) Discharge the patient and defer the exam to the outpatient setting
- E) Other

2) You receive a consult request to evaluate a 6-year-old male who is extremely fearful and being admitted for orbital cellulitis. CT imaging is notable for underlying sinus disease, orbital stranding without SPA. On exam she has periocular edema with mechanical ptosis making your exam challenging. The patient is screaming so you are unable to check a vision. You manage to sneak in a pupil exam and there is no APD. There is moderate proptosis with some generalized restriction.

At this point you realize that there is no way this patient will be able to tolerate a dilated eye exam which you ordinarily do for all your consult requests.

What would you do? Select all that would apply:

- A) Ask the ED to sedate the patient for a full exam including dilation
- B) Defer sedation as this is less likely to change management (IV abx, close monitoring)
- C) Defer the dilated eye exam and re-attempt in a few days hopefully after the eyelid edema has improved
- D) Defer the dilated eye exam to outpatient since it is unlikely to change management in the hospital
- E) Other

Please share your responses on the AAO/OHIG Community. We'd love to hear from you!

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