



## Amblyopia Risk Reduction: Recommendations, Treatment Agreement, Referral Report

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**DISCLAIMER:** This information is intended solely to provide risk management recommendations. It is not intended to constitute legal advice and should not be relied upon as a source for legal advice. If legal advice is desired or needed, an attorney should be consulted. This information is not intended to be a modification of the terms and conditions of your OMIC policy of insurance. Please refer to your OMIC policy for these terms and conditions.

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Medical malpractice lawsuits for negligent treatment of amblyopia are infrequent, but the risk to the pediatric patient's vision is extreme. If not treated appropriately by age nine, the child can have permanent vision loss. The main risk issue is noncompliance with patching and follow-up appointments.

### RISK MANAGEMENT RECOMMENDATIONS

- Ask the parents to sign an amblyopia treatment agreement (see below).
  - OMIC thanks Dr. Adam Koenigsberg, a pediatric ophthalmologist from Florida, for allowing us to use and modify his consent form.
- Send a referral report to the child's pediatrician (see below).
  - OMIC thanks Dr. James Sprague, a pediatric ophthalmologist and OMIC Board Committee Member from Washington, D.C., for this sample report.
- Schedule the next follow-up visit before the child leaves the office, even if the parents know they will need to change it. This puts the child in your system and will help alert you if he or she does not return as scheduled.
- Follow-up on all missed appointments.
  - See "Noncompliance: A Frequent Prelude to Malpractice" for detailed information on appointment scheduling, tracking, and sample missed appointment letters. Be sure to mention the risk of permanent vision loss. Send copies of any letters to the child's pediatrician.
- Ask for information about patching by using open-ended statements such as "Tell me about your child's patching routine."
  - Document the response.
  - If the patching is not being done as instructed, find out why and focus your educational effort on the reason.
    - If the parents don't understand the instructions, re-educate them. Include the child in the teaching session.
    - If the problem is occurring at school, consider contacting the school nurse or principal. You will need to obtain the parent's consent.

- Reinforce the risk that amblyopia could lead to permanent vision loss if not treated, and document that the parents were again warned of the consequences of ineffective treatment.
- If the parents continue to not follow patching instructions:
  - Document the ongoing noncompliance and consider asking them to sign an “informed refusal” document. A sample form is on the OMIC website.
  - Call the child’s pediatrician. He or she may have a better rapport with the parents and may be able to convince them to follow your treatment advice.
  - If the child is nearing the age when treatment may not be effective, consider whether your state’s Child Protective Services or Social Services Departments should be involved.
- **Optional** language. Some practices will not treat patients whose parents continue to miss appointments and/or not enforce patching instructions. Some practices have policies of charging patients for missed appointments. At the request of these practices, here is some sample language to be added to the
  - ADD BEFORE PATCHING INSTRUCTIONS
  - “This office is dedicated to helping your child obtain the treatment needed for his or her condition. You do not have to give your consent for your child’s eye to be treated, or agree to follow this treatment plan. However, unless you are willing to make a commitment to carefully monitor your child’s patching and keep all the scheduled appointments, the treatment will not be effective. Therefore, unless you agree to follow this treatment plan and sign this form, we cannot provide care to your child. If you are not willing to sign this agreement, the ophthalmologist will give you a written list of other providers who may be willing to offer your child continued care.”
  - ADD AT END OF FOLLOW-UP APPOINTMENT SECTION
  - “I am aware that the office will help me to make appointments, and remind me of them when possible, but that ultimately the responsibility of making and keeping these appointments is mine alone. I have also been advised that there is a mandatory fee for failure to appear without 24 hours notice.”  
 \_\_\_\_\_ (initials)

**OMIC policyholders who have additional questions or concerns about practice changes are invited to call OMIC’s confidential Risk Management Hotline at (800) 562-6642, extension 641.**

**PLACE LETTERHEAD HERE AND REMOVE NOTE.  
CHANGE FONT SIZE FOR LARGE PRINT**

**NOTE: THIS FORM IS INTENDED AS A SAMPLE FORM. IT CONTAINS THE INFORMATION OMIC RECOMMENDS YOU AS THE SURGEON PERSONALLY DISCUSS WITH THE PATIENT. PLEASE REVIEW IT AND MODIFY TO FIT YOUR ACTUAL PRACTICE. GIVE THE PATIENT A COPY AND SEND THIS FORM TO THE HOSPITAL OR SURGERY CENTER AS VERIFICATION THAT YOU HAVE OBTAINED INFORMED CONSENT.**

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## **INFORMATION ABOUT AMBLYOPIA TREATMENT**

### **What is amblyopia and how is it treated?**

Amblyopia is a medical eye problem that causes your child to have blurry vision, usually in one eye. This condition can lead to permanent vision loss if not treated. Your child's ophthalmologist (eye physician) will prescribe some combination of eyeglasses, patch therapy, and, occasionally medicated eye drops (atropine or Homatropine). The patching and eye drops stimulate the brain to pay attention and use the eye, while glasses make the image your child sees as clear as possible. Amblyopia generally must be treated by the age of 9 (nine) in order to be effective. Although treatment can still produce improved visual results after age 9 (nine), they are much more limited, since the visual system between the eyes and the brain has already completed most of its development by then.

### **Patching instructions**

- Follow the patching instruction checked below exactly:
  - Your child should wear glasses **AND** patch the \_\_\_\_\_ ("right" or "left") eye for at least \_\_\_\_\_ hours each day. Using the patch without the glasses will not treat the condition.
  
  - Your child should patch the ("right" or "left") eye for at least \_\_\_\_\_ hours each day.
  
- Do not stop patching until the ophthalmologist tells you to do so.
  - Stopping patching can cause blurry vision and can undo the visual improvement.
  - When you are instructed to start decreasing the patching, do it very slowly exactly as ordered by the ophthalmologist and under his or her supervision.
  
- Do not change patching products unless the ophthalmologist tells you to do so.
  
- "Pirate style patches" from the drug store and home-made made patches will not treat the condition properly.
  
- I understand and agree to follow these patching instructions. \_\_\_\_\_ (**initials**)

**Follow-up appointments**

During the treatment period, the ophthalmologist will need to see your child to evaluate the effectiveness of the patching and medications. These follow-up appointments are generally scheduled every two to three months, but at times may need to be more frequent.

- I understand that the amblyopic eye must be checked regularly and that the “good” eye being patched must be checked regularly as well for possible loss of vision. \_\_\_\_\_ **(initials)**
- I understand that failure to appear as scheduled for an appointment or following-up in a time frame longer than 3-4 months during the active treatment phase of amblyopia (unless recommended otherwise by the doctor in writing in the medical chart) can result in reversals of improved vision, blurry vision, and even permanent vision loss. \_\_\_\_\_ **(initials)**

\_\_\_\_\_  
CHILD’S NAME

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## Sample Referral Report to Pediatrician

Letter to Pediatrician About Amblyopia

Dear Dr. \_\_\_\_\_

Re: \_\_\_\_\_ Age \_\_\_\_\_

Date seen: \_\_\_\_\_

I apologize for using a form letter, but I wanted you to know what I am doing about the above patient's amblyopia in the right/left eye.

He/she is/is not wearing glasses, and is/is not patching the dominant eye.

Compliance so far has been excellent/good/poor/non-existent.

I have reviewed with the parent the need for patching and have stressed that it is more effective in younger children. As you know, without therapy, vision can be as poor as legal blindness in the "lazy eye."

I would like them to patch the right/left eye a minimum of \_\_\_\_\_ hours a day.

I hope you will be able to reinforce this to the family. Please call me if you have any questions.

Sincerely yours,