**TELEPHONE SCREENING OF OPHTHALMIC PROBLEMS
Assign category after completing telephone contact form**

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| **COMPLAINT** | **EMERGENT** | **URGENT** | **ROUTINE** |
|  | Requires immediate action Advise patient to come to office or go to ER immediately.Notify physician. | See patient within 24 hoursConsult with ophthalmologist if in doubt.Err on side of safety. | Schedule next available routine appointment time Tell patient to call back if symptoms worsen or vision becomes impaired before appointment. |
| **VISION LOSS** | Sudden, painless, severe loss of vision | Subacute loss of vision that has evolved gradually over a period of a few days to a weekAsk if vision loss is persistent (constant) or intermittent (off and on) |  |
|  | Loss of vision after surgery or procedure |  |  |
| **VISION CHANGES** | Vision changes after surgery or procedure | Sudden onset of diplopia (double vision) or other distorted vision | Difficulty with near or distance work, or fine print |
|  |  | Double vision that has persisted for less than a week |  |
| **PAIN** | Acute, rapid onset of eye pain or discomfort | Mild ocular pain if accompanied by redness and/or decrease in vision | Discomfort after prolonged use of the eyes |
|  | Progressively worsening ocular pain |  |  |
|  | Worsening pain after surgery or procedure |  |  |
| **COMPLAINT** | **EMERGENT** | **URGENT** | **ROUTINE** |
| **FLASHES/****FLOATERS** | Recent onset of light flashes and floaters in patient with:* Significant myopia (nearsightedness): ask about history of LASIK or refractive surgery
* After surgery or procedure, or
* Accompanied by shadows in the peripheral vision.
 | Recent onset of light flashes and floaters without symptoms of emergent categoryMany ophthalmologists prefer to see these patients the same day. If in doubt, consult with the ophthalmologist.  | Persistent and unchanged floaters whose cause has been previously determined |
| **REDNESS/** **DISCHARGE** | Worsening redness or discharge after surgery or procedure. | Acute red eye, with or without discharge | Mucous discharge from the eye that does not cause the eyelids to stick together |
|  | Redness or discharge in a contact lens wearer | Discharge or tearing that causes the eyelids to stick together. | Mild redness of the eye not accompanied by other symptoms |
| **OTHER EYE COMPLAINTS** |  | Photophobia (sensitivity to light) if accompanied by redness and/or decrease in vision | Photophobia as only symptom  |
|  |  |  | Mild ocular irritation, itching, burning |
|  |  |  | Tearing in the absence of other symptoms |
| **BURN** | Chemical burns: alkali, acid, organic solvents.Give burn instructions. |  |  |
| **COMPLAINT** | **EMERGENT** | **URGENT** | **ROUTINE** |
| **FOREIGN BODY** | A foreign body in the eye or a corneal abrasion caused by a foreign body |  |  |
| **TRAUMA****(INJURY)** | Trauma in which the globe (eyeball) or eyelid has been or is likely to be disrupted or penetrated | Blunt trauma, such as a bump to the eye, that is not associated with vision loss or persistent pain and where penetration of the globe (eyeball) is not likely. |  |
|  | Any trauma that is associated with visual loss or persistent pain |  |  |
|  | Severe blunt trauma, such as a forceful blow to the eye with a fist or high-velocity object such as a tennis ball or racquet ball |  |  |
| **OTHER** | Any emergency referral from another physician  | Loss or breakage of glasses or contact lens needed for work, driving, or studies. (Check with doctor to see if considered urgent or routine.) |  |