



Eye Presentations - hints and tips on what to ask

Many patients will present with a variety of signs and symptoms both during a sight test or at a MECS assessment. The following information may be of use during your assessments.



Please remember, your decision making process will alter depending on your clinical experience and exact signs & symptoms seen. This document is to support you, not replace your own decision tree.

The degree of assessment will change depending if you see a patient on GOS/MECS or if they privately fund their assessment.



As always, refer with the required urgency and make clear notes on your records.

PRESENTATION OF RED EYE:

Non Painful Red Eye

ASK:

1. Onset
2. Bilateral/unilateral
3. Redness
4. Discharge
5. Watering
6. Lids
7. Itchy or uncomfortable – intermittent/time of day
8. Contact lens wearer/regime
9. OH styles

SLIT LAMP EXAMINATION

SUSPECT BACTERIAL

OBSERVE:

1. Discharge – purulent or watery
2. No corneal involvement
3. Corneal involvement – punctate epithelial lesions
4. Corneal involvement – sub epithelial lesions

SUSPECT VIRAL –

OBSERVE:

1. Follicles
2. Pre auricular involvement
3. Sub conjunctival haems

SUSPECT ALLERGIC –

ASK:

1. Atopic
2. History of allergic disease
3. Exposure to allergens

OBSERVE:

1. Lid swelling
2. Conjunctival chemosis

SUSPECT BLEPHARITIS –

OBSERVE:

1. Lid margin hyperaemia
2. Lid margin swelling
3. Lid margin crusting
4. Lid margin deposits
5. Lash loss
6. Lash misdirection
7. Conjunctival hyperaemia
8. Aqueous tear deficiency
9. Meibomian gland secretion
10. Foam in meniscus
11. Unstable pre corneal tear film
12. Abnormal lipid plugs

Painful Red Eye

ASK:

1. Degree of pain
2. Type of pain
3. Duration
4. Previous OH of same
5. Medications

SLIT LAMP EXAMINATION

OBSERVE:

1. Discharge
2. Photophobia
3. Conjunctiva/scleral inflammation
4. Cornea – clarity
5. Cornea – staining
6. Anterior Chamber Cells
7. Anterior Chamber Depth
8. Foreign body presence

FURTHER EXAMINATION:

1. Vision – V/A
2. Fields
3. IOP
4. Eye movement/alignment



SUSPECT POAG/NTG GLAUCOMA

ASK:

1. Visual impairment noticed
2. FH – first degree relative
3. Steroid eye drop usage
4. Systemic medications
5. Low BP
6. Migraine
7. Raynauds
8. Hx of acute blood loss/transfusion

NOTE:

1. Age
2. Ethnicity
3. Myopia degree

EXAMINATION:

1. V/A
2. Repeatable field defect
3. IOP – contact or repeatable NCT
4. CCT if available
5. CD ratio
6. Disc size
7. Asymmetry
8. Disc haems
9. NF layer defect
10. PPA

ALSO NOTE:

1. Pseudoexfoliation
2. Pigment dispersion
3. Inflammation
4. Iris/angle neovascularisation

SUSPECT ANGLE CLOSURE GLAUCOMA

ASK:

1. Pain
2. Haloes
3. Reduced V/A
4. Nausea/vomiting/head aches
5. Recent anticholinergic drugs

NOTE:

1. Hyperopia
2. Chinese ethnicity

EXAMINATION:

1. V/A
2. Afferent pupil defect
3. Conjunctival injection
4. Corneal cloudiness
5. IOP
6. Angel assessment (Van Herrick/gonio/OCT)

