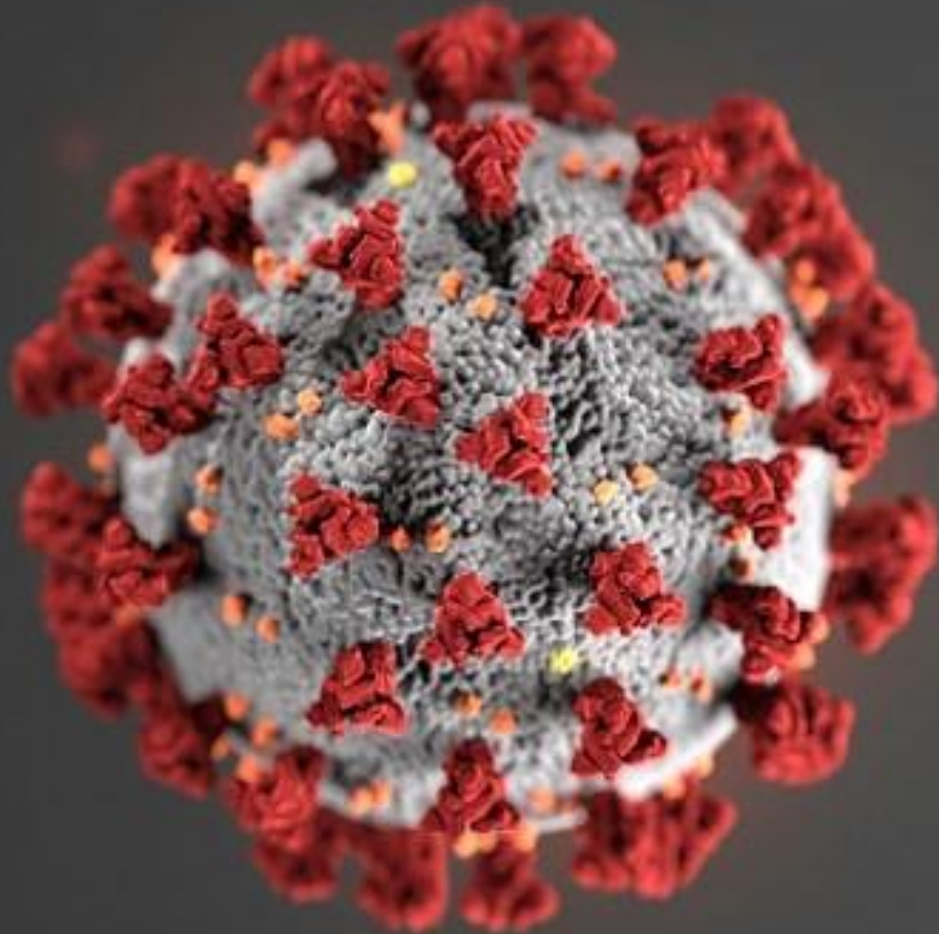


COVID 19 Online Peer Discussion Group



Approved for 3 CET points
C-75311

Scenario 1

During the COVID19 crisis your practice is open reduced hours, Monday to Friday 10am to 3pm, with an optometrist and one support worker, the rest of the staff having been furloughed. At 2.50pm on Friday, having sent your assistant home with a headache, a voicemail message is left on your practice phone whilst you are speaking to another patient.

A very anxious lady, new to the practice, is looking for advice as she is experiencing flashing lights and has noticed a few black dots in her vision. Her mother lost her sight in one eye after unsuccessful surgery.

- What initial action do you take and when?

Results of triage:

She is age 67, with Type 2 diabetes. Her partner is over 70, both self-isolating, but not known to have contracted the virus. She has been seeing flashing lights, both eyes, clearing after 15 - 20 mins, leaving a mild headache. The black dots may have been present for some time and vision is otherwise normal. She wears glasses for distance, taking them off for close work.

- What action do you take following triage?
- Do you want to see face to face and if so when?

Scenario 1 (final)

On Monday morning your assistant rings to say they have developed a ticklish cough, what action do you take if the lady rings again with worsening symptoms of flashes and floaters?

- Do you need to self-isolate?
- Do you need to pass care onto another practice?

Scenario 2

A lady telephones the practice regarding her husband, an AMD patient, who cancelled his AMD clinic appointment and has now been advised to contact you by the HES. The call was re-directed to your mobile at home, so you have no records to hand and cannot remember seeing the patient.

- What are the main points you need to ascertain to take this further?
- Are you able to discuss this with the patient's wife?

Scenario 2 (continued)

Her husband is 75 years old and has not been to your practice since wet AMD referral to HES 3 years ago. He has had regular Lucentis injections to the RE since and has recently been stable for the past 2 months. He is concerned that further visits to hospital may pose a risk of developing COVID.

- Do you owe a duty of care to this patient?
- If you are to give advice, what would it be?
- Do you need to see this patient?

Scenario 2 (final)

When you speak to the patient 2 weeks later, his RE is still stable, but he has noticed severe distortion in his previously unaffected LE, since waking yesterday. He is extremely concerned his LE may be developing wet AMD. He is also very concerned for his wife who was admitted to hospital last week with COVID. He remains unsure whether he would attend the HES, even if this was required.

- Do you need to see this patient face to face?
- Would you refer this patient?
- What advice would you give?

Scenario 3

A 71-year-old male long-standing patient, with Type 2 diabetes and heart condition calls the practice concerned about his eyes. He has not had symptoms of COVID 19 but has been self-isolating.

In the last few days both eyes have become red and gritty, a bit sore and watery. He is still able to see well with his reading spectacles although the watering is irritating him. There is no personal or family history of hospital treatment, but he attends yearly for retinal screening and eye test. Cataract has been noted for 2 years and advice given on lid hygiene and daily use of artificial tears. The VA 6 months ago was:

RE: 6/7.5-1

LE: 6/9-1

Scenario 3 (continued)

- What is the appropriate protocol for setting up a telemedicine consultation?
- What other information could be used as well as the triage and telemedicine information?

Scenario 3 (continued)

At the telemedicine examination you notice grade 2 hyperaemia of both the R&L upper and lower lid. He says he has a crusting on the lashes on waking, and lid margins can be very itchy, and it feels like there is grit in his eyes.

- What is this condition likely to be?
- How would you manage it, and when would you arrange a follow up call for?

Scenario 3 (final)

You perform another telemedicine assessment 5 days later, and he reports his eyes feel more comfortable, but his Lids felt sore again on waking. This is apparent from the video call that the lid margins still show grade 2 hyperaemia as they did on the last examination.

- What would be the best course of action for this?
- When would you follow up again?

Scenario 4

A 56yr old male patient contacts your practice worried about a feeling like a 'film' over his right eye that he thinks has been present about a week. The left eye seems 'mostly ok but not as good as it was when he last saw you 3 months ago'. You get the impression he is trying not to cry, as he lives alone is worried about his health all the time and having difficulty sleeping. Conversation is also difficult because he tends to go off in tangents, speaking quickly.

- What could you use to help guide your initial consultation?

Scenario 4 (continued)

It becomes clear that the 'film' may have been there for 'some weeks' but not at his last sight test. There are no flashing lights present but he has seen a few black spots but unsure in which eye and for how long. He wears glasses for reading only since turning 50.

- What other questions would you ask him at this time?
- What are you thinking at this stage?
- Do you think you should see this patient face to face?

Scenario 4 (continued)

Fortunately, the patient is a previous patient at your practice so you are able to consult his records. At the last sight you recorded the following prescription:

RE: 6/9	-0.50/-0.25 x 65	6/6+	Add +2.00	N5
LE: 6.6-	0.00/-0.25 x 75	6/6	Add +2.00	N5

Scenario 4 (final)

He didn't have any new glasses and although you discussed a distance correction, he decided he would come back to choose some. You also note his medication as being 'inhalers' for asthma and 'beta blockers' but the patient wasn't sure what they were for.

- How could this information affect things?
- If you had decided the patient didn't need to be seen but he asked you to see him anyway, how do you address this?

Scenario 5

A 46-year-old ICU consultant calls the practice, on the advice of a GP friend, to say he is having eye problems whilst using PPE. He had an eye test with you around 2 years ago but didn't require any visual correction. He has no underlying health conditions and no personal or known family history of any eye complaints. His GP is in a neighbouring area which is not commissioning Primary Eye Care Services.

Via telephone triage you discover he is suffering from frontal headaches, variable vision, foreign body sensation and epiphora.

Scenario 5 (continued)

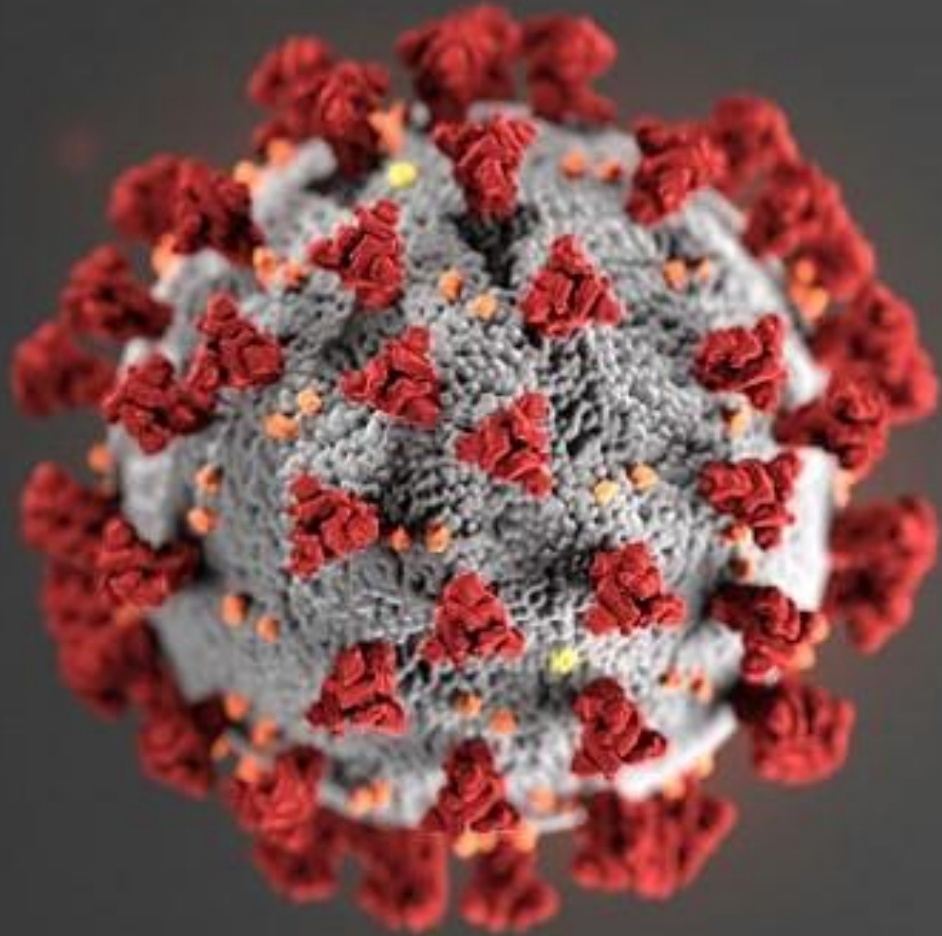
- What further questions would assist to reach a suitable conclusion?
- What eye conditions may he be suffering from?
- What do you need to do next?

Scenario 5 (final)

He tested positive for the virus 4 weeks ago but has returned to work long shifts at the hospital attending to COVID 19 patients after a period of isolation.

- Would you carry out a face to face examination?
- If so, what precautions would you take?

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Many thanks
for taking part