

THE EMERGENCY PHONE CALL: HOW TO TRIAGE A TRUE OCULAR EMERGENCY

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DISCLAIMER

I HAVE NO FINANCIAL INTEREST IN ANY PRODUCT OR COMPANY THAT I MENTION DURING THIS LECTURE.

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ABOUT ME

Born & Raised in Kansas

Graduated from KU --- Rock Chalk!

Graduated from Southern College of Optometry

Completed Residency in Pediatrics & Vision Rehab

Own private practice with my OD husband in LVN and KC metro

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OBJECTIVES

Understand the importance of asking good questions over the phone

Understand what patients need to be seen immediately vs. what can wait until tomorrow

Discuss customer service and practice building potential of after-hours service

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TRIAGE DECISION TREE



SEE HANDOUT



CUSTOMIZE ONE FOR YOUR OFFICE

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KEY POINTS

- Your doctor(s) may have other policies/preferences.
- Discuss all of this with them and what they are comfortable with because they are the ones liable.
- After hours message
- Document, document, document

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RED EYE

Pain?

- Severe – see the patient
- Moderate – tricky
- Mild – can possibly wait until next day

Contact Lens Wearer?

- Yes – more likely to see the pt, concern for corneal ulcer
- Next question is KEY

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RED EYE

Reduced Vision?

- Yes – see patient
- Especially if CL wearer (ulcer)

Sensitivity to Light?

- Yes – see patient
- More likely to be in pain

Nausea/Vomiting?

- Yes – get to office ASAP, possible angle closure glaucoma

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FOREIGN BODY

Office policy: see these patients right away

Often are metal workers, etc. that usually won't come in, so if they are calling then it is probably severe.

Foreign body removal is typically an easy procedure and you can earn a patient for life.

Emergency after-hours fee?

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FOREIGN BODY

Painful?

- If mild pain can possibly wait, but depends on other questions

Reduced Vision

- Yes – see patient

When did it happen?

- Has it been there for 3 days and now they are calling Friday at closing time?

Context?

- Was there a causative incident?

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FLOATERS



Loss of Vision?

Black curtain – see immediately



Any Flashes?

Yes – see immediately
No – tricky, talk to your doctor

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FLASHES

-  See immediately
-  Loss of Vision? Yes – see immediately
-  Ask specifically about vision being dark/shadowy or a curtain or veil in vision

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LOSS OF VISION

- Any dizziness, numbness, neurological symptoms?
 - Send to ER
- Did vision return?
 - Possible transient ischemic attack
 - Talk to doctor but want to see soon for DFE and check for Hollenhorst plaque.
 - Referral to cardiology/PCP/neurology may be warranted

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LOSS OF VISION

- Systemic Disease?
 - DM? HTN?
 - CVA in the past?
 - How are they feeling now?
 - Migraines?
- See the Patient
 - Or send to PCP/ER

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WHEN IN DOUBT, CHECK IT OUT

OR ASK THE DOCTOR

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EMERGENCY AFTER HOURS SERVICE

- Build your medical practice
- Let patients know that YOUR OFFICE is their total eye care provider
- If patients think of you as providing more than glasses or contact lenses then they won't skip you and see PCP for allergies, red eyes, etc.



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QUESTIONS?



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