GUIDELINES FOR OPHTHALMOLOGY CONSULTS DURING COVID-19 PANDEMIC

Date: 3/23/2020

To be conscientious stewards of limited PPE supplies, we ask for your help in triaging ophthalmology consults to only emergent and urgent conditions. For a complete ophthalmology consultation with dilated eye exam, we use eye protection, surgical masks, and 2 pairs of gloves, as there are portions of the eye exam that occur before and after pupil dilation. This level of protection is necessary because of our close proximity to the patient’s face and contact with conjunctival mucous membranes from which COVID-19 can spread.

The following guidelines will guide your decision algorithm for inpatient and ED ophthalmology consults:

- **Facial trauma:**
  - For orbital fractures: consult ophthalmology if patient has visual complaints, vision worse than 20/40 (with glasses when available), double vision, pupil abnormalities, hyphema, or concerns for ruptured globe.
  - For eyelid lacerations in the ED: These will be deferred until the next day and done in the outpatient clinic setting.
  - For eyelid lacerations in inpatients: These will be repaired in the daytime by our inpatient consult team.

- **Burn patients:** consult only if acute vision loss, burns involving the eyelids, or recent significant fluid resuscitation.

- **Eye irritation, redness, itchiness, and/or foreign body sensation (in the absence of preceding eye injury):**
  - If normal vision, no eye surgery within 3 months, and no eye pain: no consult needed, recommend artificial tears to be used 4 times per day.
  - History of eye surgery or injection within 3 months: contact ophthalmology for guidance.
  - Acute vision loss: contact ophthalmology for guidance.

- **Patients with systemic infection:**
  - Fungemia or CMV patients:
    - In a patient is alert and a reliable historian:
      - If the patient has acute vision loss, new floaters, eye pain, or eye redness, consult ophthalmology.
      - If asymptomatic, but eye exam findings will affect systemic treatment plan, contact ophthalmology. These cases will be reviewed on a case by case basis to determine appropriate timing and setting of eye exam.
    - If the patient is a non-reliable historian or sedated, then consult ophthalmology for evaluation.
  - Syphilis patients:
    - In a patient with acute vision loss, new floaters, eye redness or eye pain, consult ophthalmology.
    - In a patient without vision loss, eye redness or eye pain, no need to consult ophthalmology.

- **Patients with neurologic concerns:**
- Headache patients: consult only if acute vision loss. Outpatient visits are available and will be appointed on a case by case basis.
- Baseline visual field testing before and after neurosurgical procedures:
  - Contact ophthalmology, and these will be reviewed on a case by case basis to determine urgency and necessity of visual field testing
- Diabetic patients (including pregnant diabetic patients):
  - Consult only if acute vision loss. Outpatient visits are available and will be appointed on a case by case basis.
- Medications with ocular toxicity:
  - Ethambutol baseline eye exam (at or prior to the start of ethambutol treatment):
    - If a patient is COVID-19+, then baseline eye examination will be deferred unless the patient is having visual symptoms
    - If the patient is being ruled out for COVID-19, the baseline eye examination will be deferred until they are ruled out for COVID-19.
  - Hydroxychloroquine baseline eye exam (at or prior to the start of hydroxychloroquine treatment):
    - This can be deferred to a non-urgent, next available, outpatient appointment
  - For patients who are already on ethambutol or hydroxychloroquine who start developing new visual complaints, consult ophthalmology

Our ambulatory facilities remain open for acute and urgent eye care and for post-operative eye patients. We are always available to assist with any triaging questions you might have, as well as for emergent and urgent eye conditions.