



# 2C - Eye Problem

Time: \_\_\_\_\_

Primary MD: \_\_\_\_\_

Room: \_\_\_\_\_

Specialist: \_\_\_\_\_

**Mode of Arrival:**  
private auto  
EMS  
police  
wheelchair van

**Historian:**  
patient  
family  
friend  
caretaker  
EMS  
old chart

**Hx limited by:**  
AMS  
unconscious  
dementia  
acuity

**Prehospital orders:**  
[ ] see EMS flowsheet



**AAEM Services**  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202-3823  
(800) 884-2236

**Chief Complaint:** pain / injury / swelling / redness / discharge / foreign body sensation / burn / OD/OS/OU decreased vision / diplopia

Positives  
Negatives

## History of Present Illness:

**Duration:** \_\_\_\_\_ minutes / hours / days / weeks / months / years  
**Onset:** just prior to arrival today @: \_\_\_\_\_ yesterday

**Location:**  
right eye  
left eye  
both eyes

**Timing:**  
still present  
intermittent episodes  
lasting \_\_\_\_\_  
gone now  
better  
worse  
waxing / waning

**Context / Injury:**  
[ ] none  
trauma  
foreign body  
chemical  
welding  
sun  
contact lens  
ill contacts

**Severity:**  
mild  
moderate  
severe  
\_\_\_\_\_(1-10)

**Quality:**  
pain  
burning  
itching  
irritation

## Current / Associated Symptoms:

foreign body sensation  
blurred / decreased vision  
pain with EOM  
photophobic

double vision  
eye discharge  
eyelid swelling / pain  
URI / sinusitis

## Modifying Factors:

**Aggravating:** [ ] none  
light

**Alleviating:** [ ] none  
dark

## Narrative:

## Review of System

### Constitutional:

fever  
chills  
malaise

### Eyes:

vision problem  
discharge  
eye pain

### ENT:

ear pain  
hearing loss  
nasal / sinus  
congest / disch  
sore throat

### CV:

chest pain  
CAD Hx  
syncope

### Respiratory:

cough  
shortness of breath

### GI:

abdominal pain  
N / V / D

### GU:

dysuria  
discharge  
LMP: \_\_\_\_\_

### MSK:

myalgias  
pain:  
DVT / PE Hx

### Skin:

pruritus  
rash

### Neurologic:

headache  
numbness  
weakness

### Psychiatric:

anxiety  
depression

### Endocrine:

DM  
thyroid disease

### All / Imm:

hay fever  
arthritis  
HIV

### Heme / Lymph:

easy bruising  
nodes  
CA  
blood thinners

[ ] none

[ ] All systems reviewed & negative except as noted above.

## Family, Social History:

**Medications:** [ ] see nursing note

**Allergies:**

[ ] see nursing note  
[ ] NKDA

[ ] nursing note reviewed

### Past Medical History:

cardiac disease  
CAD  
angina  
CHF  
AFib  
valve disease

[ ] negative

asthma  
COPD  
IDDM / NIDDM  
TIA / CVA

[ ] noncontributory

glaucoma  
retinopathy  
sinusitis  
wears eyeglasses

hypertension

### Surgical History:

CABG  
splenectomy  
phakectomy / implants

[ ] negative

appendectomy  
LASIK

[ ] noncontributory

cholecystectomy  
laser

### Immunization Status:

tetanus up to date

[ ] yes [ ] no

### Family History:

CAD  
father  
mother  
sibling

[ ] unknown

hypertension  
diabetes mellitus

[ ] noncontributory

CVA  
cancer

### Social History:

tobacco  
\_\_\_\_\_ppd  
\_\_\_\_\_yrs  
quit \_\_\_\_\_yrs

alcohol  
social  
daily  
binge \_\_\_\_\_

drugs  
THC  
cocaine  
amphetamines

occupation: \_\_\_\_\_

### Other Data Reviewed:

EKG:  
respiratory therapy:  
old records: [ ] requested [ ] reviewed  
[ ] summarized [ ] unavailable  
additional Hx from family / caretaker / other

### Prior Similar Episodes:

workup:  
diagnosis:  
treatment:

L1-3: 1-3 elements; L4-5: 4+ elements

medication problem L4; 2-9 systems L5; 10+ systems

L1-3

of 3 areas

L1-4



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Physical Exam:

[ ] Nursing record reviewed  
[ ] Vital signs reviewed  
**Vital Signs:**  
BP: \_\_\_\_\_ / \_\_\_\_\_ L  
BP: \_\_\_\_\_ / \_\_\_\_\_ R  
HR: \_\_\_\_\_  
RR: \_\_\_\_\_  
Temp: \_\_\_\_\_ ° F / C  
Pulse Ox: \_\_\_\_\_ % RA / \_\_\_\_\_ L O2

**General Appearance:**  
[ ] alert  
[ ] oriented  
[ ] well-developed  
**Distress:**  
[ ] no acute  
[ ] mild  
[ ] moderate  
[ ] severe

**Visual Acuity:**  
[ ] see nurses note  
[ ] examined with slit lamp - R / L  
[ ] examined with fluorescein  
[ ] exam limited by urgency of condition

**Orbits / Lids:**  
[ ] nl, no injury edema / redness - R / L  
stye / hordeolum - R / L  
foreign body under lid  
lid laceration (see diagram) - R / L  
through margin - yes / no

**Conjunctivae / Sclerae:**  
[ ] nl, no injury injection / hemorrhage - R / L  
exudate / icteric - R / L  
lacerated / punctured globe - R / L  
foreign body - R / L

**Corneas:**  
[ ] nl, no injury see diagram  
abrasion - R / L  
ulceration - R / L  
foreign body - R / L  
dendrite - R / L

**Pupils:**  
[ ] PERRL anisocoria: R \_\_\_\_\_ mm / L \_\_\_\_\_ mm  
[ ] EOM irregular shape - R / L  
[ ] accommodation nl afferent pupillary defect - R / L  
abnormal accommodation  
EOM palsy, CN \_\_\_\_\_ - R / L

**Anterior Chambers**  
[ ] nl, clear perilimbal flush  
[ ] nl IOP - R / L cell / flare - R / L  
hyphema \_\_\_\_\_ % - R / L  
narrow chamber - R / L  
IOP abnl - R \_\_\_\_\_ / L \_\_\_\_\_  
method \_\_\_\_\_

**Lens:**  
[ ] nl, clear cloudy / cataract - R / L  
subluxed - R / L

**Vitreous / Retina:**  
[ ] sharp disk margins papilledema - R / L  
[ ] nl cup depth AV nicking - R / L  
[ ] no hemorrhage retinal detachment - R / L  
hemorrhage / cottonwool spots - R / L  
pallor - R / L

**ENT:**  
[ ] TMs nl TM red - R / L  
[ ] no nasal discharge discharge - clear / colored / \_\_\_\_\_  
[ ] sinuses nontender tender sinus \_\_\_\_\_  
[ ] pharynx nl pharynx red / exudate

**Respiratory:**  
[ ] no distress distress - mild / moderate / severe  
[ ] lungs clear rales / rhonchi / wheezes / reduced - R / L

**Cardiovascular:**  
[ ] RRR irregular rhythm / tachycardia / bradycardia  
[ ] no murmur murmur \_\_\_\_\_ /6 - systolic / diastolic

**Lymph:**  
[ ] no adenopathy postauricular adenopathy - R / L

**Musculoskeletal:**  
[ ] head NC/AT orbital trauma \_\_\_\_\_  
[ ] neck nontender tender C-spine  
[ ] temporal arteries nl indurated temporal artery - R / L

**Skin:**  
[ ] no rash rash \_\_\_\_\_

**Neurologic:**  
[ ] CN nl as tested CN palsy \_\_\_\_\_  
[ ] cerebellar nl cerebellar deficit

**Psychiatric:**  
[ ] affect nl depressed / anxious / delusional

Medical Decision Making:

**Differential Dx:**  
corneal abrasion  
foreign body  
corneal / conjunctival  
keratitis  
infectious / UV / herpetic  
hypHEMA  
retinal hemorrhage /  
detachment  
iritis  
open globe  
endophthalmitis  
glaucoma  
vascular occlusion:  
central vein / artery  
temporal arteritis  
conjunctivitis  
blowout fracture  
infraorbital rim fracture  
periorbital cellulitis  
acid / alkali /  
chemical burn  
other:

Laboratory Data: Note results

Conjunctival Exudate: \_\_\_\_\_ pH Testing:  
Gram stain: \_\_\_\_\_ before irrigation: R \_\_\_\_\_ / L \_\_\_\_\_  
after irrigation: R \_\_\_\_\_ / L \_\_\_\_\_  
Cultures sent:  
bacterial  
viral  
chlamydia

**XR/CT:** [ ] nl [ ] interpreted by me [ ] reviewed / discussed with Radiology  
[ ] abnl

**Physician-Supervised Infusion Therapy:** given over 60 / 90 / 120 / \_\_\_\_\_ min  
**indications:** dehydration / nausea / vomiting / pain \_\_\_\_\_  
**fluids:** \_\_\_\_\_ mL NS / LR **response:** improved hydration  
**additives:** \_\_\_\_\_ **response:** improved nausea / vomiting  
improved pain

[ ] see procedure addendum # \_\_\_\_\_

**Procedures Performed:**  
[ ] foreign body removal [ ] eye irrigation - R / L  
[ ] anesthetic: [ ] rust deposit / residual material  
cotton swab removed  
needle totally  
Ophtho-Burr partially  
jeweler's forceps cornea  
irrigation \_\_\_\_\_ NS / LR conjunctiva

**ED Course / Additional Data:**  
[ ] reevaluated: time: \_\_\_\_\_ [ ] improved [ ] unchanged

[ ] tetanus prophylaxis

**Rx:**

[ ] **Faculty Note:** I interviewed and examined the patient. I discussed with  
PA/resident and agree with their evaluation and plan as documented here.

**Consultation:**  
Discussed with Dr. \_\_\_\_\_ time: \_\_\_\_\_  
**Recommends:** \_\_\_\_\_  
Will see in: [ ] ED [ ] floor [ ] ICU [ ] cath lab [ ] office in \_\_\_\_\_ days.

[ ] Vital signs reviewed prior to disposition.

**Disposition:**  
[ ] discharge [ ] admit floor / telemetry / ICU / cath lab  
[ ] discharge instructions  
[ ] transfer to: \_\_\_\_\_  
via POV / ground EMS / helicopter  
[ ] Counseled pt / fam regarding probable diagnosis and disposition plan.  
[ ] Pt / fam agrees to t/u in ED of worsening vision, eye pain, redness, discharge.

Condition: [ ] unchanged [ ] improved [ ] stable [ ] serious [ ] critical  
[ ] see addendum [ ] critical care time: \_\_\_\_\_

Clinical Impression:

\_\_\_\_\_  
PA, Resident Signature MD/DO

\_\_\_\_\_  
ED Physician Signature MD/DO  
[ ] dictation [ ] written addendum # \_\_\_\_\_  
[ ] copy to PMD  
[ ] template complete

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