

Optometry GUIDE:

Please schedule routine eye exams on the SPOT while the patient is in the office

Medical Assitant **x3601**

Urgents Slots can be used **ONLY** if approved by Optometriy

Medical Assistant **x3674**

Please initiate treatment before sending patient to Optometry due to long waitlist.

Dr. Amed **x3624**

Please don't hesitate to call our department if you are not sure of the treatment plan/urgency

	Examples	Short name in EPIC	Full Description	SIG	Notes to pharmacy:	
Mild Conditions	<p>Dry Eyes; Bilateral>unilatera; Longstanding; Tired eyes; Glare & light sensitivity</p> <p>Allergic (NOT involving skin / eyelids)</p> <p>Allergic involving skin around the eyes (chemical exposure)</p> <p>Eyelid infections: Blepharitis /Hordeolum</p> <p>MILD Bacterial Conjunctivitis</p>	GEL	White Petrolatum-Mineral oil (LACRILUB SOP) ophthalmic ointment; 5g	Apply 1cm inch ribbon onto clean finger & insert into lower conjunctival sac (both eyes)	OK to substitute any lubricating gel/ointment for dry eyes.	
<p><i>These patients are really uncomfortable but they are not urgent. Please initiate treatment, then ok to follow up with me in 1-2 months</i></p>		TEARS	Artificial Tears, Hypermellose 0.3% GENTEAL			Substitution Ok: Any Lubricating Eye drops covered by insurance: Please no Visine / Naphazoline / Naphcon
		KETO	Ketotifen Fumarate (Zaditor) 0.025/0.035	1 drop into each eye 2 x day for 2 weeks, then as needed		OK to substitute Patanol, Pataday, Allaway.
		HYDRO	Hydrocortisone 0.5% cream	Apply thin layer around the skin, face, forehead; AVOID near eyes		OK to substitute Patanol, Pataday, Allaway.
		ERYOINT	Erythromycin 5mg/gram 0.5% ophthalmic ointment	Apply 1cm ribbon onto clean finger; rub over lashes; Wipe clean in the mornings. Apply 1cm ribbon onto clean finger, insert inside lower eyelid		Substitution OK any ophthalmic ointment: Bacitracin, Tobramycin, Gentamycin, Polysporin, Gentamycin. Same SIG
Moderate	<p>Large Hordeolum; Chalazion; Moderate Bacterial Conjunctivitis with discharge; corneal abrasion; After removal of foreign body</p>	CIPRO or FIOX	Ciprofloxacin or Ofloxacin 0.3% 5ml Bottle	1gtt qid x 14 days	OK to substitute generic: same SIG	
<p><i>In addition to ointment above, add the drops; Follow up in 2-3 weeks</i></p>		TOBRA	Tobramycin 0.3% 10ml Bottle	bid x 1-2 weeks, then follow up		
<p><i>Adding orals if not responding to TOPICAL and is Spreading; Follow up in 1 week</i></p>	<p>Preseptal Cellulitis (involving the entire eyelid); Moderate discharge / Sticky eyelids / Blurred vision</p>	ZPACK	Azithromycin 250mg Capsules (6 capsules): GOOD OPTION FOR ADULTS (NOT FOR KIDS/PREGNANT)	Z-pack cap 250,mg (2 caps PO Day 1, 1 cap x 4 days)	OK to substitute any oral antibiotic: Azithromycin 250mg, Vibramycin 50mg; SAME SIG	
		Keflex	Cephalexin 250mg Capsule (28-30 capsules): GOOD OPTION FOR CHILDREN & ADULTS WITHOUT PCN ALLERGIES	Adult: 250mg capsule PO qid x 7 days	OK to substitute: Cephaclo cap 250mg, Cephazolin tab 250mg; SAME SIG	
		AUG	Augmentin 250mg Tab (Amoxicillin + Clavulanate): GOOD OPTION FOR CHILDREN & PREGNANT? without PCN allergies	Adult: 250mg 1 tablet PO tid x 7 days PEDS: ??? dosage?	OK to substitute Cephalexin 250mg cap; Panicillin VK 50mg, Cloxacillin 250mg, Dicloxacillin 250mg, Flucloxacillin 250mg	
Severe	<p>MONOCULAR RED EYES with short duration / contact lens wearers / lots of redness & discharge / lot of PHOTOPHOBIA (ie ULCERS)</p> <p>Herpes Dendritic ulcers</p> <p><i>Unfortunately, NONE of the Ophthalmic viral drops or oint are covered by insurance; OK to use antibiotic topical or artificial tears to make patient comfortable</i></p>	CIPRO	Ciprofloxacin 0.3% 5ml Bottle	1gtt every 1hr x 1-2 days, then follow up	OK to substitute: Ciprofloxacin, Ofloxacin, Tobramycin, Gentamycin: same SIG	
<p>Follow up in 1-2 days; OK TO USE MY URGENT SLOTS; If none available, call us!</p>		FLOX	Ofloxacin 0.3% 5ml Bottle	1gtt every 1hr x 1-2 days, then follow up		
		TOBRA	Tobramycin 0.3% 10ml Bottle	1gtt every 1hr x 1-2 days, then follow up		
		Acyclovir	<p>Valacyclovir 500mg or 1000mg tablets for larger/heavier patients</p> <p>The only topic ointment BUT IT'S not for the eyes</p> <p>Trifluridine 1% sol 7.5ml (VIROPTIC)</p> <p>Vidarabine 3.5 ung (Vira-A)</p>	<p>1 tab PO tid for 7 days</p> <p>Apply over skin lesions around the eye & forehead; AVOID getting into the eyes.</p> <p>1 drop every 2hrs while awake</p> <p>Apply 1cm inch ribbon onto clean finger & insert into lower conjunctival sac (both eyes)</p>	OK to substitute Acyclovir 400mg cap PO 5 x day x 1week; Famoclovir 250mg cap PO tid x 1wk	
ER	Chlamydia	Start them on ANY of the above ANTIBIOTIC ORALS + TOPICAL DROPS q1hr + ointment TID; Refer to OPHTHALMOLOGY				
	Gonorrhea	Suprax tab 400 po qd without food - works best but not sure if covered by insurance; if not, do the above as Chlamydia treatment				
<p>May need IV; needs close monitoring by OMD; needs to be reported to infectious control</p>	Fungal	AZOLE	Ketoconazole 200mg Tablets	1 tab PO qd for 14 days	OK to substitute: Ketoconazole 200mg tablets qd x 1 week; Itraconazole 100mg capsules qd x 1 week	
		AZOLE2	Itraconazole 100mg Capsule	1 cap PO qd for 14 days		
		?	Econazole			
		?	Natamycin			

Please DO NOT PRESCRIBE Corticosteroid drops (Prednisolone) or pain drops (Ketorolac) unless you have been instructed to do so by an Eye Specialist (make a note on the chart - approved by Dr. XXX)