

Doctors of Optometry Essential Care Guidelines for COVID-19 Pandemic

Essential visits may include medical visits related to systemic and ocular disease or injury where there is significant risk of permanent vision loss because of any postponement of care, as determined by the treating doctor of optometry. Studies show that the same groups burdened by COVID-19 complications also suffer more vision problems. This includes those groups of individuals with hypertension (19.6 percent of this cohort), respiratory conditions (4.4 percent of this cohort), and heart disease (3.6 percent of this cohort) and the elderly.ⁱ

- It is important to delay all routine care (all age groups) for the next several weeks and triage every scheduled urgent and emergency appointment.
- Patients presenting for urgent or emergency care should be individually prescreened virtually following [HHS guidelines](#): Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency, before being seen. This [guide](#) is intended to assist doctors of optometry who may need to quickly expand the provision of telehealth-based care during the current COVID-19 public health emergency.
- The COVID-19 status of the patient should be known, to the extent possible, before the patient arrives to the office for urgent or emergency care.
- Risk of COVID-19 transmission among patients, doctor and staff must be weighed against the benefit of patient care and likelihood of increased morbidity and mortality.

Essential visits may also include visits where patients complain about discomfort and other symptoms that significantly interfere or significantly hamper day-to-day function, as assessed through virtual prescreening by the doctor of optometry caring for the individual patient. Added considerations could include patients who lost or broke their glasses or contact lenses; however, this added consideration should only be made by the treating doctor of optometry on an individual basis with consideration given to prescription needs and level of disability without correction.

Table 1.0: Examples of Essential Care Requiring Emergency Office Visit

REFERRAL OF PATIENT FROM EMERGENCY DEPARTMENT	HPI analysis of 2016 Healthcare Cost and Utilization Project (HCUP) data showed that 1 percent of all U.S. visits to emergency departments were for eye-related encounters and that 98.9 percent of those eye-related encounters were treated and released that could be taken care of by doctors of optometry in their offices.
TRAUMA REPORTED BY PATIENT	Blunt force, sharp object or foreign body or chemical to an eye; followed by pain, photophobia, sustained flashes of light, metamorphopsia, or visual field loss.
EYE PAIN REPORTED BY PATIENT	Unexplained eye pain that cannot be resolved by virtual methods. This would include, but is not limited to, acute angle closure glaucoma and corneal compromise (e.g. includes pain associated with contact lens wear and not resolvable after discontinuing contact lens wear).
VISION LOSS REPORTED BY PATIENT	Acute or gradual with or without pain, sudden onset blurred vision, color desaturation. Acute retinal arterial ischemia, including vascular transient monocular vision loss (TMVL) and branch (BRAO) and central retinal arterial occlusions (CRAO), are ocular and systemic emergencies requiring immediate diagnosis and treatment. ⁱⁱ
DOUBLE VISION REPORTED BY PATIENT	New onset.
DROOPING OF EYELID AS REPORTED BY PATIENT	Acute or sudden.
FLASHES OR FLOATERS REPORTED BY PATIENT WITH OR WITHOUT PAIN	New onset.

ⁱ Zheng D.D et. al. Patterns of Chronic Conditions and Their Association With Visual Impairment and Health Care Use. JAMA Ophthalmol. 2020 Feb 27

ⁱⁱ Biousse V; Management of Acute Retinal Ischemia: Follow the Guidelines! Ophthalmology. 2018 Oct;125(10):1597-1607