RANZCO

The Royal Australian and New Zealand College of Ophthalmologists

RANZCO position statement

COVID-19: Practical guidance for general practitioners performing eye examinations

Approved by: Board Approval	**Next review date:** ongoing during COVID
Version: 2	**Approval date**: 27 March
Department: Policy and Programs	**Policy inventory number:** 188.2020.0301

1. Purpose and scope

This position statement was developed by The Royal Australian and New Zealand College of Ophthalmologists (RANZCO). The purpose of this position statement is to provide guidance to GPs regarding eye examination during the COVID-19 pandemic.

Application of the general response plan to the COVID-19 Pandemic has altered the usual primary eye care model.

2. Advice for General Practitioners

2.1 Mitigating the risk of COVID-19 infection

Principles

Non-essential in-person contact consultations should be minimised. Consider phone consultations or videoconference for all patients.

To identify the level of risk and appropriate management of an individual patient consider the following:

- If a patient with known COVID-19 needs urgent eye care, they should be referred to a hospital (phone the fever clinic ahead of time for directions and use infection control) or discuss with an ophthalmologist.
- Patients at high risk of COVID-19 infection should also be directed to COVID-19 facilities (patients presenting with acute red eye or conjunctivitis, fever or respiratory symptoms).
- Patients at low risk of COVID-19 infection should be managed by telemedicine where possible.

When undertaking phone consultations or videoconferences, often the history can determine if an eye examination by the GP is required, or an immediate referral to an ophthalmologist is indicated.

2.2 Urgent referrals

Urgent referrals include:

- Acute vision loss.
- Trauma with visual impairment.
- Painful eye conditions, especially if red.
- Acute neurological conditions eg sudden onset of diplopia, acute ptosis with anisocoria, GCA.
- Infection, especially if visual loss is possible eg orbital cellulitis, contact lens wear associated with a red eye, conjunctivitis associated with reduced vision, HZO.

2.3 Telehealth and Videoconferencing

Videoconferencing can allow for some patient-assisted ocular examination. As mentioned before, history of the present problem as well as previous ocular history ,including ocular surgery; family history and if the patient is new to the GP, present medical history and medication, can often help streamline management, and in this case, ocular examination. eg ask patients to:

- Cover each individual eye, then assessing if the vision is there in both eyes or is the sight in one eye distorted or has a scotoma.
- Focus on something in front of them – now starting with hands on back of head slowly extend arms out to the side. Ask ‘Can you see both hands moving?’
- Shine bright light in each eye – does it hurt?
- Keep head still. Write a large H in the air in front of them with their index finger. Follow their finger with their gaze. And Ask: ‘Do you see double?’

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Consider asking the patient to send a photo of the eye or periorbital region to you, if undertaking phone consultation, or, if videoconferencing, ask them to bring their face close to the screen so that visualisation of their eye, periorbital area and face can be undertaken.

2.4 Face-to-face consultations

If an in rooms consultation is required, infection control protocol and appropriate PPE is necessary for clinical examinations as outlined Australian Health Protection Principal Committee and the Communicable Diseases Network Australia. This may include asking the patient to wear a mask themselves.

- Minimise patient wait and consultation (staff-patient contact) time in the clinic. Try to establish as much of the history and investigation results before calling the patient into the consultation room.
- Only perform an examination if it will change your management plan
- Perform as much history and examination (e.g. visual acuity) as possible at a distance of at least 1.5m
- Some examination techniques can be performed without touching the patient: visual acuity, confrontation visual fields, pupillary light reaction, comparison of pupil size, red reflex, extraocular movements.
- Information as to distorted vision in an eye can be gained during individual ocular cover testing
- Photophobia may be elicited during the examination, especially when testing pupillary reaction
- When testing visual acuity, start at the lowest line to speed things up.
- Avoid routine tonometry, and do NOT use puff tonometry
- Avoid direct ophthalmoscopy if possible
- If close-up examination is required, consider wearing a face mask. Both examiner and patient should refrain from talking if possible.
- Slit lamp use should be avoided, but if it is necessary ensure a breathshield of sufficient size to limit droplet spread is installed (see photo in the attachment below).

2.5 Patients presenting with red eyes

Conjunctivitis is the most common cause of red eyes and is usually bilateral. The most common cause is adenovirus. COVID-19 is known to cause conjunctival congestion in approximately 0.8% of patients infected by SARS-CoV-2.[1] To reduce the spread of COVID-19 infection General Practitioners (GPs) need to be aware of the necessary precautions when seeing patients presenting with red eyes [2]

- If the conjunctivitis is bilateral, with a watery discharge and there is no visual loss or discharge please advise your patient to use regular hygiene and artificial tears, 3-4 times daily, for a few days
- If conjunctivitis presents in one eye only and discharge is sticky or purulent, treatment with topical antibiotics is recommended. Specifically, use of over the counter Chloramphenicol (Chlorsig) eyedrops 4 times a day

Be alert to a potential sight threatening condition if only one eye is involved and there is an associated decrease in vision; photophobia; moderate to severe eye pain (more than 5 out of ten in pain intensity is significant); history of a possible foreign body or penetrating eye injury; or a “white area” is visible on the cornea, especially in a contact lens wearer. Often the history can alert you to other possible causes in patients presenting with a unilateral red eye.

- If symptoms worsen including a loss of vision, pain or lack of improvement with topical antibiotics and/or prescribed treatment refer patients to ophthalmic care, preferably by telemedicine consultation.

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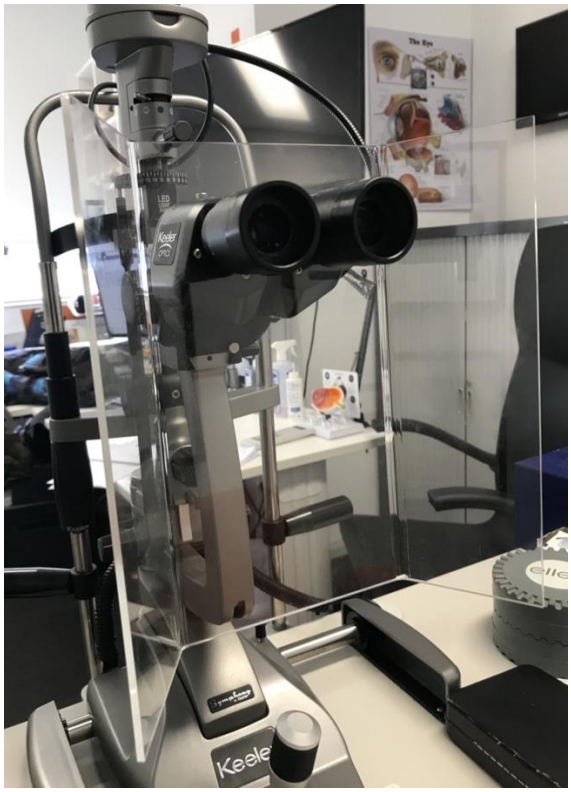
Slitlamp Breathshields:

1. Commercial



2. Home-made from piece of plastic from Bunnings

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1. Guan WJ, Ni ZY, Hu Y, et al. Clinical Characteristics of Coronavirus Disease 2019 in China. N Engl J Med 2020;28:28.

2. Khan J, Mack H (2020). Management of conjunctivitis during the COVID-19 pandemic, Australian Journal of General Practice

3. Record of Amendments

Page	Details of amendment	Date approved
	Re-write of original	18 June, 2020

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