

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% of all U.S. visits to emergency departments were for eye-related encounters and that 98.9% of those eye-related encounters were treat and release 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 report 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 report 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.
Dropping 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