

American Board of Ophthalmology Office Record Review Module

Diagnosis/Case: Central Retinal Vein Occlusion

Module Definition: Patient complains of sudden painless decrease in visual acuity; retinal hemorrhages and retinal microangiopathy, a darkened tortuous venous tree, disc swelling, macular edema, and retinal exudes may be present to a variable degree; seen by you at least once in the past 24 months.

| History (Positive or Negative Findings) | | | |
|--|-----------------------|-----------------------|---|
| Recorded | Not Recorded | Not Applicable | Item |
| <input type="radio"/> | <input type="radio"/> | | 1. Reason for visit/ chief complaint |
| <input type="radio"/> | <input type="radio"/> | | 2. Ocular history/ symptoms |
| <input type="radio"/> | <input type="radio"/> | | 3. Family history of ocular and systemic diseases |
| <input type="radio"/> | <input type="radio"/> | | 4. Systemic disorders |
| <input type="radio"/> | <input type="radio"/> | | 5. Current ocular medications |
| <input type="radio"/> | <input type="radio"/> | | 6. Systemic medications |
| <input type="radio"/> | <input type="radio"/> | | 7. Drug reactions/ allergies |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Smoking cessation |

| Examination and Diagnostic Procedures | | | |
|---------------------------------------|-----------------------|-----------------------|--|
| Recorded | Not Recorded | Not Applicable | Item |
| <input type="radio"/> | <input type="radio"/> | | 1. Visual acuity |
| <input type="radio"/> | <input type="radio"/> | | 2. Pupillary examination |
| <input type="radio"/> | <input type="radio"/> | | 3. Intraocular pressures (IOP) |
| <input type="radio"/> | <input type="radio"/> | | 4. Undilated slit-lamp examination of iris (noted on first or subsequent visit) |
| <input type="radio"/> | <input type="radio"/> | | 5. Optic nerve description |
| <input type="radio"/> | <input type="radio"/> | | 6. Dilated examination of the fundus with slit lamp and accessory lenses and with indirect ophthalmoscopy |
| <input type="radio"/> | <input type="radio"/> | | 7. Status of the fellow eye |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Fluorescein angiogram |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Optical coherence tomography (OCT) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. Electroretinogram |
| <input type="radio"/> | <input type="radio"/> | | 11. Gonioscopy |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Measurement of blood pressure |
| <input type="radio"/> | <input type="radio"/> | | 13. Referral to internist/family practitioner for medical evaluation and cardiovascular workup or verification that patient has been examined by |

| | | | |
|--|--|--|--------------------------------|
| | | | internist within past 6 months |
|--|--|--|--------------------------------|

Assessment and Management

| Recorded | Not Recorded | Not Applicable | Item |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | | 1. Current diagnosis |
| <input type="radio"/> | <input type="radio"/> | | 2. Current treatment plan |
| <input type="radio"/> | <input type="radio"/> | | 3. Support efforts to diagnose/treat hypertension and cardiovascular disease |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Initiate glaucoma therapy |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Photocoagulation for retinal neovascularization or referral for laser |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Retinal photocoagulation for iris new vessel formation or referral for laser |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Cycloablation or referral for cycloablation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Intravitreal injection or referral for intravitreal injection |

Follow-Up

| Recorded | Not Recorded | Not Applicable | Item |
|-----------------------|-----------------------|----------------|-------------------------|
| <input type="radio"/> | <input type="radio"/> | | 1. Follow-up evaluation |

Follow-Up Interval

| Recorded | Not Recorded | Not Applicable | Item |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Stable vision: monthly examinations for at least 6 months |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Change in vision |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Associated iris new vessels: initiation of PRP or referral to retina specialist within 7 days |

Safety and Environment

| Recorded | Not Recorded | Not Applicable | Item |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Safety glasses used by any assistants during laser treatment |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Universal protocol if treatment performed |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Injection protocol, if intravitreal drug delivery given |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Reporting of any adverse events |