

American Board of Ophthalmology Office Record Review Module

Diagnosis/Case: Corneal Ulcer/Bacterial Keratitis

Module Definition: A patient with acute infectious disease of the cornea, 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. Unilateral/bilateral onset
<input type="radio"/>	<input type="radio"/>		4. Character of discharge
<input type="radio"/>	<input type="radio"/>		5. Circumstances of etiology
<input type="radio"/>	<input type="radio"/>		6. Pain
<input type="radio"/>	<input type="radio"/>		7. Documentation of contact lens wear and sterilization routine (if contact lens wearer)
<input type="radio"/>	<input type="radio"/>		8. Documentation of exposure to unfiltered water or hot tubs
<input type="radio"/>	<input type="radio"/>		9. Ocular surgery
<input type="radio"/>	<input type="radio"/>		10. Duration of symptoms
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Tear deficiency
<input type="radio"/>	<input type="radio"/>		12. Systemic disorders
<input type="radio"/>	<input type="radio"/>		13. Ocular medications
<input type="radio"/>	<input type="radio"/>		14. Current systemic medications
<input type="radio"/>	<input type="radio"/>		15. Drug reactions/ allergies
<input type="radio"/>	<input type="radio"/>		16. Use of cosmetics

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. External examination (inspection)
<input type="radio"/>	<input type="radio"/>		3. Slit-lamp exam of eyelids/lashes
<input type="radio"/>	<input type="radio"/>		4. Slit-lamp exam of cornea
<input type="radio"/>	<input type="radio"/>		5. Slit-lamp status of fellow eye
<input type="radio"/>	<input type="radio"/>		6. Character of discharge
<input type="radio"/>	<input type="radio"/>		7. Documentation of ulcer/keratitis number of lesion(s)
<input type="radio"/>	<input type="radio"/>		8. Documentation of ulcer/keratitis size of lesion(s)
<input type="radio"/>	<input type="radio"/>		9. Documentation of ulcer/keratitis location of lesion(s)
<input type="radio"/>	<input type="radio"/>		10. Documentation of ulcer/keratitis depth (degree of involvement)

<input type="radio"/>	<input type="radio"/>		11. Vascularization – presence or absence
<input type="radio"/>	<input type="radio"/>		12. Keratic precipitates – presence or absence
<input type="radio"/>	<input type="radio"/>		13. Foreign bodies – presence or absence
<input type="radio"/>	<input type="radio"/>		14. Anterior chamber depth
<input type="radio"/>	<input type="radio"/>		15. Anterior chamber inflammation (cell & flare)
<input type="radio"/>	<input type="radio"/>		16. Hypopyon (presence or absence)
<input type="radio"/>	<input type="radio"/>		17. Corneal sensation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Documentation of ring stromal infiltrates as a specific finding if present

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

Management Techniques			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Initial management with empiric broad spectrum antibiotic therapy unless unusual size, depth or presentation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Management of large ulcer or one unresponsive to empiric therapy with smear, culture and microscopic diagnosis
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Topical antibiotic drops prescribed initially
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Intravenous/oral antibiotics prescribed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Topical cycloplegics used
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Topical corticosteroids prescribed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Patient scheduled for first follow-up visit within two days

Follow-Up			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Referral for evaluation and possible corneal biopsy in case of progressive ring stromal infiltrate unresponsive to antibiotics

Safety and Environment			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>		1. Patient counseled regarding proper hygiene regarding contact lens wear and danger of exposure to natural water sources, hot tubs, swimming with contact lenses, and other risk factors