| EYE | EXAMINATION SHEET |
|----------|-------------------|
| Patient: | Date: |

A full examination is always preferable as there can be crossovers of surface vs intraocular presentations, but you can cherry-pick the appropriate tests if you have limited time available.

SURFACE EXAMINATION

Potential symptoms: ocular discharge, watering, blepharospasm (resolves with proxymetacaine), corneal lesions, ulceration with associated oedema, conjunctival hyperaemia (thinner, branching conjunctival vessels), superficial corneal vascularisation (thinner, branching corneal vessels).

| STT: LEFT EYE | RIGHT EYE | Normal: 15-25mm/min Not if deep ulceration |
|--------------------------------|--|---|
| | CORNEA: | |
| LEFT EYE | Ulceration | RIGHT EYE |
| NOTES: If ulceration is prese | nt: note depth, location, clarity or I | haziness of the ulcer walls? |
| | EYELIDS: Normal Abnormal | |
| NOTES: | | |

Any evidence of upper, lower or medial entropion? Distichiasis (these can be hard to see with the naked eye)? Any hairs rubbing on the cornea?

| EYE EXAMINATION SHEET | |
|-----------------------|--|
| Patient: Date: | |

| INTRAOCULAR EXAMINATION | | | |
|---|--|--|--|
| Potential symptoms: visual defects, corneal of corneal vascularisation (thicker, hedge- | | | |
| IOP: LEFT EYE RIGHT EYE | Normal: 10-25mmHg Wriggling or pressure on the neck/globe will elevate the reading | | |
| GLOBE POSITION NORMAL? LEFT EYE DUPIL, IRIS AND ANTERIOR CHAMBER NORMANOTES: | AL? LEFT EYE RIGHT EYE | | |
| NEUROLOGIC | | | |
| VISION PRESENT: RE LEFT RIGHT PALPEBRAL REFLEX: LEFT RIGHT LENS | TINAL AND OPTIC NERVE FUNCTION: Direct PLR: LEFT RIGHT RIGHT | | |
| Pick up the reflection eye - this be clear reflect | of each should and | | |
| LEFT EYE RETIN Indire ophthalmo will give quicker o view | ct oscopy you a verall | | |
| NOTES: | RIGHT EYE | | |
| | | | |