

Must Call Attending List

1 = Must call attending now

2 = Must call senior now

3 = Can wait < 8 hours to call attending who is seeing the patient in clinic or to be staffed next day if inpatient

4 = Can wait > 8-16 hours until being seen by an attending in clinic if outpatient or staffed as an inpatient

5 = Have patient call for appointment as instructed or staffed within 24 hours if inpatient

Trauma/General

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| <u>4</u> Admission | <u>2,1</u> Ruptured globe/suspected rupture |
| <u>2</u> Leaking surgical incision | <u>2</u> Sudden loss of vision, unknown cause |
| <u>4</u> Hyphema IOP<29, no corneal blood staining | <u>2,1</u> Acute blind painful eye |
| <u>2</u> Hyphema treated IOP >29 or corneal blood staining | |
| <u>4</u> Traumatic optic neuropathy | |
| <u>2</u> Orbital hemorrhage with APD or decreased vision or treated IOP > 25 | |
| <u>4</u> Orbital blow out Fx with intact globe, symmetric eye pressures (3 mmHg) and no posterior segment pathology except edema | |

Cornea

- | | |
|---|--------------------------------------|
| <u>4</u> Probable infectious keratitis | <u>4</u> Corneal graft rejection |
| <u>2</u> Partial thickness cornea laceration | |
| <u>5</u> Corneal foreign body outside central 5 mm | <u>4</u> Cornea FB central 5 mm |
| <u>2</u> Chemical exposure high pH with IOP asymmetrically elevated (>5 mmHg) or loss of limbal vasculature >180 degrees or pH > 8 for 30 minutes | |
| <u>2</u> Chemical exposure, red eye, symmetric IOPs, pH >5-<8 on arrival | |
| <u>2,3</u> LASIX flap dislocation | <u>4</u> LASIX subflap infiltrates |
| <u>4</u> Neurotrophic corneal Ulcer | <u>4</u> HSV keratitis |
| <u>4</u> HSV uveitis, corneal edema | <u>4</u> HZ uveitis, lid involvement |

Lid/Lacrimal System

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|---|---------------------------------|
| <u>2</u> Full thickness lid laceration through margin | <u>4</u> Dacryocystitis |
| <u>4</u> Lid lac with no margin or lacrimal system involvement simple | <u>2</u> Lac to lacrimal system |
| <u>4</u> Preseptal cellulitis | |

Orbit

- | | |
|---|------------------------------|
| <u>3</u> Postseptal cellulitis | <u>4</u> Orbital tumor/mass |
| <u>4</u> Thyroid eye disease with optic nerve involvement | <u>4</u> Lacrimal gland mass |

Pediatric Emergencies

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|------------------------------------|---------------------------------|
| <u>4</u> Leukocoria child | <u>4</u> New onset tropia child |
| <u>3</u> Hyperacute conjunctivitis | |

Glaucoma

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|--|---|
| <u>2</u> Uncontrollable IOP with pain, treated IOP >35 | |
| <u>1,2</u> Uncontrollable NVG (pain & IOP >35) | |
| <u>3</u> Acute angle closure, treated IOP <30 and pain much better | |
| <u>2,1</u> Acute angle closure unable to lower IOP <35 or continued pain | |
| <u>3</u> Uncontrollable Uveitis (IOP >35) | <u>2,1</u> Blebitis |
| <u>3</u> Lens induced glaucoma uncontrolled | <u>3</u> Postop IOP spike uncontrolled>35 |

Neuro

- | | |
|--|---|
| <u>4</u> Amaurosis fugax | <u>4</u> Isolated 4-6th nerve palsy |
| <u>2,1</u> Optic nerve edema (R/O GCA) | <u>2,1</u> Pupil involving 3rd |
| <u>4</u> Unknown new onset tropia or movement disorder | <u>4</u> Ischemic optic neuropathy |
| <u>3</u> Pupil sparing 3rd nerve palsy | lab normal, no GCA sx |
| <u>3</u> Recent onset optic neuritis | <u>2,1</u> Ischemic optic neuropathy lab? |
| <u>3</u> cavernous sinus or orbital apex syndrome | or sx + for GCA |
| <u>3</u> Infiltrative optic neuropathy | |

Retina

- | | |
|--|-----------------------------------|
| <u>2,1</u> Peripheral retina break | <u>5</u> CSR > 45 years |
| <u>2,1</u> Retinal detachment – call retina attending on-call | <u>3</u> New loss of vision |
| <u>2,4,5</u> CSR young patient | <u>3</u> Recent CRAO |
| <u>2,1</u> Vitreous heme (if B-scan shows pathology other than vit heme) | <u>2,1</u> Exogenous endoph |
| <u>2,1</u> Choroidal mass | <u>4</u> Acute PVD with heme |
| <u>4</u> Recent LOV with presumed CNV | <u>2,1</u> Acute retinal necrosis |
| <u>3</u> Recent CVO BVO, BRAO | <u>4</u> VKH, sympathetic oph |
| <u>2,1</u> Presumed Endogenous endophthalmitis (call retina on-call) | |
| <u>2,1</u> Acute posterior segment inflammation | |
| <u>4</u> Acute flare of pars planitis | |
| <u>4</u> Acute sarcoidosis | |

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