

Dry Eye: Quality of Life Survey and Treatment Plan(s)

Hopewell Eye Associates
84 East Broad Street
Hopewell, NJ 08540
609 -466 - 0055

www.SEELIFE.net
hopewelleye@kennethdaniels.net

Lambertville Eye Associates
16 South Franklin Street,
Lambertville NJ 08530
609 - 397 - 7020

How long have you experienced dry eye type concerns with your eyes? Weeks (#_____) Months (#_____)

SPEED Questionnaire

Optometry Times
PRACTICAL CHAIRSIDE ADVICE

Name: _____, _____ **Date:** ___/___/___
(Last) (First)

DOB: ___/___/___ **Sex:** M F

Report the type of **SYMPTOMS** you experience and when they occur:

| SYMPTOMS | AT THIS VISIT | | WITHIN PAST 72 HRS | | WITHIN PAST 3 MONTHS | |
|-------------------------------------|---------------|----|--------------------|----|----------------------|----|
| | YES | NO | YES | NO | YES | NO |
| Dryness, Grittiness or Scratchiness | | | | | | |
| Soreness or Irritation | | | | | | |
| Burning or Watering | | | | | | |
| Eye Fatigue | | | | | | |

Report the **FREQUENCY** of the above-checked symptoms as Never, Sometimes, Often or Constant using the numbering system below:

| SYMPTOMS | 0 | 1 | 2 | 3 |
|-------------------------------------|---|---|---|---|
| Dryness, Grittiness or Scratchiness | | | | |
| Soreness or Irritation | | | | |
| Burning or Watering | | | | |
| Eye Fatigue | | | | |

0 = Never, 1 = Sometimes, 2 = Often, 3 = Constant

Report the **SEVERITY** of your Symptoms using the rating list below:

| SYMPTOMS | 0 | 1 | 2 | 3 | 4 |
|-------------------------------------|---|---|---|---|---|
| Dryness, Grittiness or Scratchiness | | | | | |
| Soreness or Irritation | | | | | |
| Burning or Watering | | | | | |
| Eye Fatigue | | | | | |

- 0 = No problems
- 1 = Tolerable – not perfect but not uncomfortable
- 2 = Uncomfortable – irritating but does not interfere with my day
- 3 = Bothersome – irritating and interferes with my day
- 4 = Intolerable – unable to perform my daily tasks

Do you use drops and/or ointment? _____ What drops do you use? _____

| Allergies: Are Your Eyes Effected | | | Treatment Methods |
|-----------------------------------|-----|----|--|
| Seasonal | Yes | NO | |
| Asthma (seasonal, exertional.. | Yes | NO | |
| Animals | Yes | NO | |
| Pollens or molds | Yes | NO | |
| Food | Yes | NO | |
| Women | Yes | NO | Are you taking Birth Control Pill or Horomone Replacement Meds |

Questions: Hopewell 609-466-0055 Lambertville: 609-397-2020 email: hopewelleye@kennethdaniels.net
Treatment Plan:

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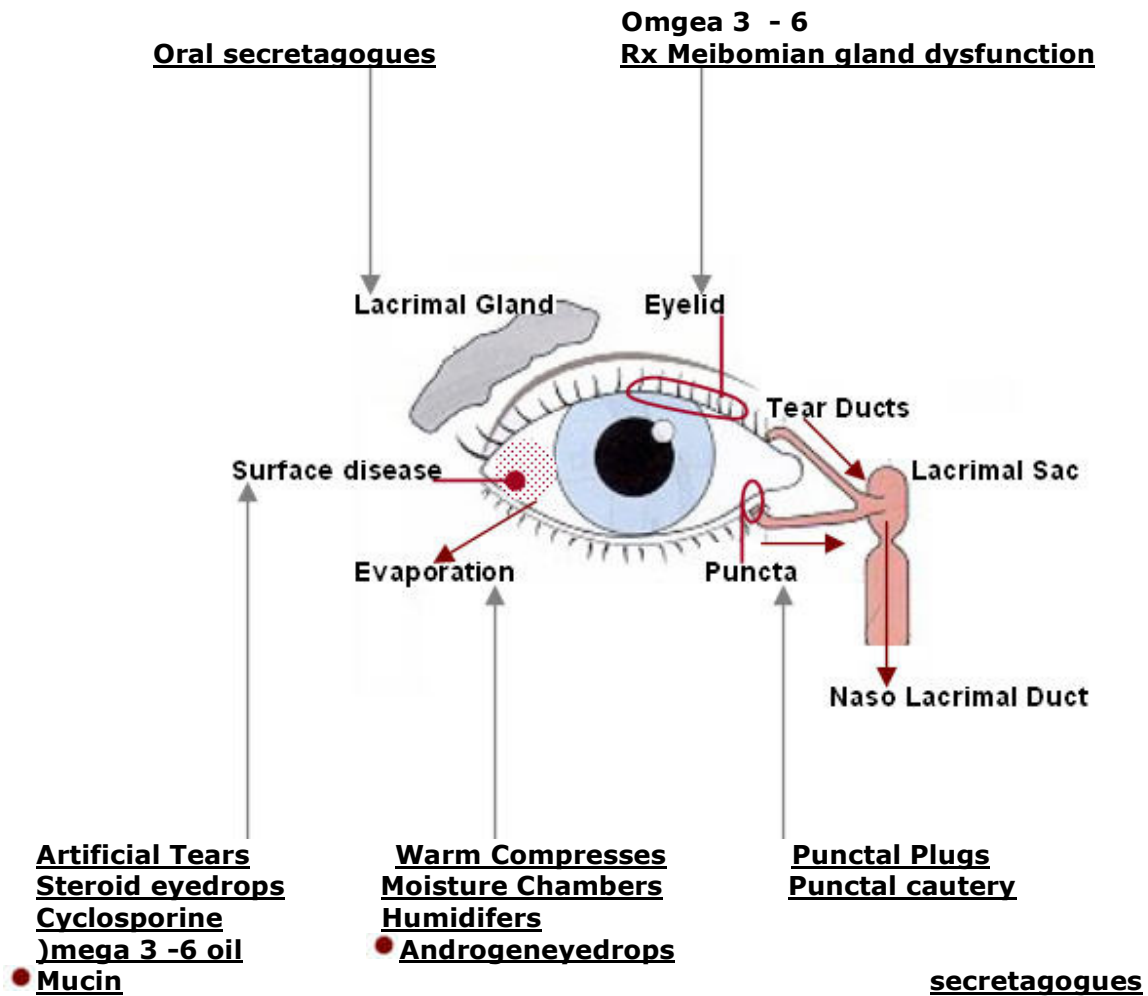
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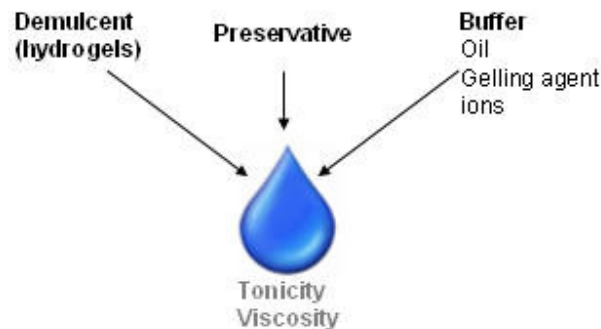
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Avoid any over the counter products not recommend by your doctor: in particular if it says “gets the red out” do not use it secondary to potential cardio-vascular side-effects, induced glare sensitivity and reading problems.

Resources:<http://www.agingeye.net/dryeyes/overview.php>
<http://www.dryeyezone.com/index.html>



Important Artificial Tear Components





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| | | Name of Product | Times per day |
|--|--|---|--|
| | | Anti-oxidant drops | Viva or Avitears (Vitamin A drops) |
| | | | 3-4 /day or with meals |
| | | Lubricant drops (preservative free) | 1) Thera Tears (electrolyte) 2) Similisan (Homeopathic) 3) Systane Balance 4) Optive 5) FreshKote (Rx) 6) Soothe |
| | | | 3-4 /day or _____ 3-4 /day or _____ 3-4 /day or _____ 3-4 /day or _____ 3-4 /day and prior to sleep 3-4 /day or _____ |
| Refresh PM ointment 57.3% White Petrolatum, 42.5% Mineral Oil Preservative Free. | Tears Naturale PM ointment 56.8% White Petrolatum, 42.5% Mineral Oil Preservative Free. | Refresh Lacri-lube ointment White Petrolatum, Mineral Oil Chlorobutanol (0.5%) | Genteal Gel 0.3% Hydroxypropyl Methylcellulose, Carbopol 980 GenAqua . |
| | | Tears Again NIGHT & DAY Gel 1.5% Carboxy Methylcellulose Dissipate | |
| Omega 3 – 6 (Hydroeyes) | Essential Fatty acids of fish and seed oils: Salmon, Cod, Mackerel, plus Black Currant Seed Increased anti-coagulant affect | | As directed on package: 1 -2 am / pm as tolerated Monitor of gastro-intestinal increase Monitor Blood sugar |
| Fluid Intake (careful if Diabetic) | Recommend electrolyte balanced fluids – avoid Diuretics such as coffee, tea, soda | | 4 – 8 ounces servings per day Mineral or Spring water Low caloric sport fluids |
| Tear Stimulation Peri-ocular | Mentholatum (Vick’s vapor rub) Breath Eze Nasal Strips | | Applied to the inner nose or on the cheek : DO NOT put into the eye |
| Tear Stimulation -drops | Rohto Drops (Menthol) http://myrohto.com/ | | 3-4 /day or _____ |
| Climate Control | Humidification | | |
| Warm to Hot Lid compresses and scrubs | <ul style="list-style-type: none"> Hot Water – Shower Lid Cleansing <p>Close your eyes - Place your face into the stream of the hot water of the shower – this opens the eyelid pores and liquefies the oil in the eyelid gland - Allow the foam of your shampoo to run over your lids and apply strong manual massage of the eye lid. Use a dandruff or “Tea Tree Oil” based shampoo</p> | <ul style="list-style-type: none"> Avenova Lid Cleanser  | |
| Moisture Chambers Sleeping Mask Prevent Evaporation | <p>Warmed sleeping mask increases humidity in the ocular area to comfort the eyes</p> <ul style="list-style-type: none"> Bruder Mask | <p>Apply mask before sleeping hours</p> <p>Recommend Beaded – Thermal masks</p>  | |
| Doxycycline | 50 mg to 100 mg capsule by mouth | 1x per day x 14 to 30 days | |
| Azasite (Azithromycin) | Ophth gel applied to the eyelid margin | 2 x per day x 7 to 14 days | |
| Restasis | Cyclosporine A 1% 1 box of 60 ampullae | 1 ampullae per eye Am / Pm | |
| Anti-inflammatory | Loteprenolol (Lotemax or Alrex) Flurometholone or Prednisolone 1% | 1 2 3 4 /day | |
| Lacrisert http://www.lacrisert.com/ | Hydroxypropylcellulose 5 mg 1 box (60 inserts) | Insert, using supplied applicator lacrisert into lower eyelid cul-de-sac am | |
| Punctal Plugs | Diagnostic Collagen plugs | Semi – permanent Silicone plugs | |

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Medical – Surgical Care Options

| | | | |
|--|--|--|---|
| | Salagen 5 or 7.5 BID Evoxac 30 mg TID | 'Pilocarpine'. It stimulates in lacrimal gland and cause increased secretion of tears. 'Cevimeline'. Evoxac stimulates secretion from the lacrimal and salivary glands -higher affinity for lacrimal gland | Precautions: breathing problems (such as asthma, chronic bronchitis, chronic obstructive pulmonary disease-COPD), certain eye conditions (such as night blindness, acute iritis, narrow-angle glaucoma), heart disease (such as chest pain, heart failure, heart attack, slow heartbeat), low or high blood pressure, liver problems, gallbladder disease (such as gallstones), kidney stones, mental/mood disorders (such as depression) |
| | Amniotic membranes | In severe cases of Dry Eye, natural membranes derived from placental tissue can be placed on the cornea to rejuvenate eye surface. | |
| | IPL (Intense Pulse Laser) or Mibo - Lipoflow | These are procedures that stimulate the peri-ocular glands to facilitate a complete expression and cleansing of the glands | |

Comments: _____
