

Amended August 2007

**ADVICE & GUIDELINES ON PROFESSIONAL CONDUCT
FOR DISPENSING OPTICIANS**

APPENDIX B - CONTACT LENS RECORDS

A. FOR INITIAL APPOINTMENT OF A NEW PATIENT:

(1) **General Information**

Date fitting commenced

Name

Address

Telephone numbers

Date of birth

Referring optometrist/OMP

Spectacle prescription and VAs

Any initial contraindications to CL fitting

Patient's reason for wanting contact lenses

Occupation and working environment

Sports, hobbies and pastimes

Allergies/Hay Fever (Seasonal allergic conjunctivitis)

Personal and family ocular history – Contact lens history

Personal and family general health and specific pathologies

Medications

Smoker

Driving

General practitioner

(2) **Detailed examination of the anterior eye**

Should include space for assessments of:

Each layer of the cornea

Limbus

Conjunctiva

Lids, lid margins, and lid position (upper and lower)

Lid tensions

Tear assessments – quality and quantity

Other relevant data (e.g. horizontal visible iris diameter, pupil diameter, varied illumination vertical palpebral aperture)

A grading scale and diagrammatic recording should be used.

(3) **Keratometric information**

Type of instrument, values measured and mire quality; dioptric values, radii and axes/meridians. Topographical information if available.

(4) **Lens options discussed with the patient**

Should be recorded.

(5) **Contraindications found in the examination**

(6) **Trial lenses used**

With **full** details of fit assessment, over refraction and visual acuities.

(7) **Details of lenses to be ordered**

(8) **Next scheduled appointment.**

B. FOR COLLECTION APPOINTMENT:

(1) **Instruction given to the patient**

Lens handling and ability to insert, removal, **recentration**, case hygiene, personal hygiene, care system and wearing schedule.

An assessment of the patient's ability to handle their lenses should be recorded.

(2) **The recommended care system**

(3) **Assessment of Lens Fit and Visual Acuities**

(4) **Recommended next aftercare appointment and attendance record**

(5) **Patient acknowledgement form (DoHCL1) or similar**

Should be completed and attached to the record.

C. FOR SUBSEQUENT APPOINTMENTS:

(1) **General information**

History and symptoms since last visit
Wearing pattern
Patient's impressions of vision and comfort
Care system, compliance and handling

(2) **Over refraction**

Visual acuities with lenses
Objective assessment *where appropriate* (retinoscopy/autorefractor)
Subjective assessment and acuities
Confirmation tests (duochrome, + 1.00 blur, pinhole) where appropriate

(3) Examination of lenses on the eyes

Assessment of lens condition

(4) Other examinations the practitioner considers appropriate

e.g. Pre-lens tear break-up time, keratometry.

(5) Detailed examination of the anterior eye

Should include space for assessments of :

Each layer of the cornea

Limbus

Conjunctiva

Lids and lid margins

Tears

Where possible a grading scale and diagrammatic recording should be used.

(6) Conclusions/Advice/Actions

Space should be available for practitioners to record, for instance, changes in wearing pattern, refit, replacement, discontinue lens wear (temporary or permanent), change in care system, adjustments to power or fit, etc. This should include the rationale for changes including patient requests to meet any specific challenges, circumstances and requirements. Also included under this heading would be advice on time of next contact lens aftercare check and/or full eye examination.

(7) Contact Lens Specification

The issue of the contact lens specification and its expiry date should be noted – and it is advisable that a copy be made of the document issued and kept in the patient's records.

In paragraphs 24 to 31 (Section 2 – Regulation of Professional Activities), dispensing opticians are advised as to the keeping and storing of patients' records and the effect of the Access to Health Records Act 1990; and in paragraph 25 (Section 2- Regulation of Professional Activities) they are enjoined to preserve the records' confidentiality. In relation to contact lens work this advice is particularly important.

Where aftercare is concerned, when a patient is told of the arrangements for aftercare, or afterwards, if it appears that the patient will not return for further consultation or treatment despite several reminders; or, if faced with a downright refusal, the contact lens optician should record the facts in his records. No further lenses should be supplied without the patient attending for aftercare.