The Importance of History Taking
A Reminder for All Technicians
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History Taking GOALS
1. Capture an accurate history so that all patient complaints may be addressed
2. Provide accurate/relevant information to the doctor so that he/she may more efficiently diagnosis and make a plan for treatment
3. Document adequate information in the chart notes to bill at appropriate levels (avoid over-billing)

Course Objectives
► Identify what constitutes good Chief Complaint
► Review how to ask the right questions to capture a substantial and relevant HPI
► Provide specific work-up adaptations to consider when specific scenarios arise during the history taking portion of the ophthalmic exam

History Taking STRATEGIES
1. Use provided information as a starting point
2. Correlate anatomical problem areas with what questions to ask
3. Ask additional questions when triggered by patient’s report of symptoms

Identify a Good Chief Complaint

Chief Complaint (CC)

“A CC is a concise statement that describes the symptom, problem, condition, diagnosis, or reason for the patient encounter. The CC is usually stated in the patient’s own words. For example, patient complains of upset stomach, aching joints, and fatigue. The medical record should clearly reflect the CC.”

- Evaluation & Management Services Guide
Chief Complaint (CC)

- The reason why the patient is here (CONDITION being examined)
- In the patient’s own words if possible, sometimes based on doctor’s recommendation (if the patient has no complaint)
- For example: 4 month glaucoma check per Dr. Jones

Good Examples

Condition is listed
- 4 month glaucoma follow-up (IOP/Dilate OU)
- 1 day corneal abrasion follow-up
- 6 month AMD follow-up (OCT OU)

Bad Examples

No condition listed
- 4mo ck, IOP/Dilate
- 1d FU
- 6mo FU, OCT

History of Present Illness (HPI)

- Information supporting and relevant to the CC
- Captures the patient’s symptoms, allows doctor to address all of them
- Provides clues to the doctor for diagnosing the problem(s) more efficiently
- Four points needed to bill for advanced level exam

Capture a Substantial and Relevant HPI

It Takes More than “Just Clicking 4 Blue Boxes”

The 72 year old male presents for evaluation of 1wk ck in the right eye and left eye. It started about 2 month(s) ago. It occurs constantly. The onset was gradual. It happens all of the time. Patient denies eye pain. Patient was treated 1 year ago for

Why is this patient here???
PATIENT HISTORY AND PHYSICAL EXAMINATION (HPI)

1. Meet doctor/IOL measurements
   - The 54 year old female presents for evaluation of Meet doctor/IOL measurements in the right and left eyes. The patient feels it is stable. The condition is described as no noticeable vision changes. In addition, it is associated with daily activities and chores. Patient referred by Dr. Smith for Phaco/IOL.

2. 2 week follow-up
   - The 56 year old female presents for evaluation of 2 week follow-up in the left eye. It started about 2 weeks ago. The patient feels it is improving. The condition is described as distortion in the center of vision. The patient complains of dryness in the left eye and is using ATs PRN. She is not having any new floaters, but does see occasional "halo" in the top of vision. The patient states her right eye has improved since right after her laser procedure.

3. Glaucoma, follow up
   - This patient presents for a 1 month glaucoma follow up. No new visual complaints and no new medications side effects; perfect compliance. Patient's ocular and medial history reviewed without change.

4. 1 week post-op of PPV/RRD Repair OD
   - The 53 year old female presents for evaluation of 1 week post op 25g 2port PPV/Complex RRD Repair (MP of severe PVR, internal drain of SRF, EL-FWO, SO1000) in the right eye on 1/8/16. Patient states that vision has been stable and improving some but still blurry. Complains of a soreness in the right eye and says she had some headaches and nausea in the beginning but that has started to go away. No further concerns presented today.

5. 1 week S/P Phaco/Trab OD
   - The 73 year old female presents for evaluation of 1 week S/P Phaco/Trab in the right eye on 1/5/16. Patient feels since the surgery she has had a constant pressure feeling in the eye. She states it fluctuates in intensity but it's painful enough to take Tylenol for it. She says overall she feels she is seeing better. Patient denies eye pain and any drop problems and is using drops correctly.

PRACTICE HISTORY AND SOCIAL HISTORY (PHS)

Family History
- Cataracts
- Glaucoma
- Retinal Disease
- Diabetes
- Cancer
- Hypertension

Social History
- Smoking (NIU)
- Drug
- Alcohol

ANATOMY OF A CATARACT
Questions to Ask Regarding a Cataract

- Which eye is affected? If both, which eye seems worse to you?
- How long have you known about your cataracts?
- How would you describe your vision in each eye? Cloudy, Foggy, Blurry, Filmy, etc.?
- What kind of things are you having trouble doing because of your vision? Driving, reading, sports/hobbies, watching TV, etc.
- Are you having glare when driving at night or with sunlight?
- Document any pertinent negatives.

CC/HPI for a Cataract Exam

<table>
<thead>
<tr>
<th>Chief Complaint</th>
<th>CC Details HPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract</td>
<td>The 57 year old male presents for evaluation of Cataracts in the right and left eyes. The patient describes his vision as cloudiness, with glare and halos. Patient denies flashes and floaters. He is having extremely bad light sensitivity. He is a limo driver and has a lot of trouble seeing at night due to glares. He states the VA told him about the cataract in August of 2015 and has gotten progressively worse.</td>
</tr>
</tbody>
</table>

Anatomy of a Red Eye

- Contact lens induced conjunctival injection
- Post-operative redness (conjunctival injection)
- Sub-conjunctival hemorrhage
- Conjunctivitis

Questions to Ask Regarding a Red Eye

- Which eye is affected? If both, which eye seems worse to you?
- When did the redness begin? Did it happen suddenly or progressively get worse slowly?
- Have you noticed changes in your vision? Are you light sensitive?
- Do you have pain or discomfort in your eye? Does anything make it feel better or worse?
- Do your eyes feel dry, itchy, sandy/gritty? How does it feel when you blink?
- Do you know of anyone else right now how has a red eye?
More Questions to Ask Regarding a Red Eye

- Did you recently injure your eye? Scratch, burn, chemical injury, welding?
- Have you had any recent surgery? Are you taking any new eye medications?
- Do you typically have seasonal or environmental allergies? Are you sleeping well?
- Do you think there is still something in your eye(s)? Is it metal? Wood or other plant material? Glass, plastic, concrete, bug, etc.?
- Document any pertinent negatives.
- Was there any bleeding, discharge, or a gush of fluid?

CC/HPI for Various Red Eye Exams

<table>
<thead>
<tr>
<th>Chief Complaint</th>
<th>CC Details (HPI)</th>
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<tbody>
<tr>
<td>Hyphema OD (Urgent)</td>
<td>The 74 year old male presents for evaluation of hyphema in the right eye (Urgent). Monday OD got very cloudy and vision comes and goes. Foreign body sensation OD. Saw his optometrist on 1/25/16 and he didn’t see any retinal tears and referred him to here.</td>
</tr>
<tr>
<td>Redness right lower eye lid</td>
<td>The 13 year old patient presents with redness and mild to moderate soreness on the RLL. He says it has been there for 2-3 weeks and not getting better. Mother says he has been putting warm compresses on it daily.</td>
</tr>
</tbody>
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CC/HPI for Various Red Eye Exams

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<th>CC Details (HPI)</th>
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<tr>
<td>Redness, Cloudy vision</td>
<td>The 56 year old male presents for evaluation of redness, cloudy vision in the right and left eyes. It started about 3 month(s) ago. The redness is constant. He has been using Visine and B&amp;L drops for the last 3-4 days, which make his eyes burn. His vision has been &quot;cloudy&quot; for the same period of time (10-15 foot range)</td>
</tr>
<tr>
<td>Follow up of viral conjunctivits</td>
<td>The 63 year old female presents for follow up of viral conjunctivitis in the right and left eyes. The patient feels it is unchanged. She says her eyes are still &quot;a mess&quot;. Still very red, tearing. She is doing the Lotemax TID OU, and Pazeo 3-4x day. No tears.</td>
</tr>
</tbody>
</table>

Anatomy of Diabetic Retinopathy

- Diabetes can cause changes to nearly all structures of the eye
  - Eye lids
  - Cornea and Tear Film
  - Ciliary Body
  - Aqueous Humor
  - Iris
  - Crystalline Lens
  - Vitreous
  - Retina
  - Extracocular Muscles

Effects on the crystalline lens and refractive power

- Increase in blood sugar causes the lens to swell, resulting in a myopic shift (More minus is needed in their correction)
  - Increase amount of minus power (or decrease amount of plus power)
- Decrease in blood sugar causes the lens to shrink, resulting in a hypermetropic shift (More plus power is needed in the correction)
  - Decrease amount of plus power (or increase amount of minus power)
Questions to Ask Regarding Diabetic Retinopathy

- Which eye is affected? If both, which eye seems worse to you?
- When did it start? Or when did you first notice a change?
- Is it all the time? Do you notice changes throughout the day, or before/after you eat or take your diabetic medications?
- Ask about changes in vision: How is your vision in each eye? Does it fluctuate often? (changes in blood sugar, especially significant changes, can cause a refractive changes and blurs vision)

- Is the vision change associated with other symptoms: dark spots, floaters, or blind spots in your vision, distortion?
- Did you notice it suddenly or has it gradually gotten worse? Have you had any trauma to your eye area or head, ever?
- How have your blood sugar levels been running? High, low, normal, or up and down, out of control, etc.
- NOTE: Recent BS and HbA1C readings.
- Do you have High Blood Pressure or High Cholesterol?
- Document any pertinent negatives.

Additional Questions for Diabetic Patients

![Blood Test Levels for Diagnosis of Diabetes and Prediabetes]

<table>
<thead>
<tr>
<th>Blood Test Levels for Diagnosis of Diabetes and Prediabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HbA1c (percent)</strong></td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Prediabetes</td>
</tr>
<tr>
<td>Normal</td>
</tr>
</tbody>
</table>

Data as represented by the American Diabetes Association

Note Blood Sugar Levels

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>HbgA1c</th>
<th>HbgA1c Level Out</th>
<th>Dr reported</th>
<th>Pt reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/4</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9/1</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>10/3</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9/8</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9/4</td>
<td>7.5</td>
<td>/</td>
<td>/</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9/10</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9/15</td>
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<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9/20</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>No</td>
<td>Yes</td>
</tr>
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</table>

Anatomy of a Corneal Abrasion or Foreign Body

- Scratches on the cornea and objects in the cornea cause extreme amounts of pain, light sensitivity, and tearing
- If the injury is in the visual axis (centered on the cornea), it may cause temporary or permanent vision loss
Questions to Ask Regarding a Corneal Abrasion

- Which eye is affected? If both, which eye seems worse to you?
- Describe the recent events of your eye injury. When did this happen?
  What was that injured your eye(s)?
- Where did this happen? If at work or performing activities with flying debris, were you wearing safety glasses?
- Do you think there is still something in your eye(s)? Is it metal? Wood or other plant material? Glass, plastic, concrete, bug, etc.?
- Was there bleeding, mucus, discharge, or a gush of fluid?
- Have you noticed changes in your vision?
- Document any pertinent negatives.
- How was the injury treated? Who treated you? Yourself? Someone else? Medical professional?

Chief Complaint | CC Details (HPI)
--- | ---
Nail glue in eye | The 32 year old female present for evaluation of nail glue in left eye. It started about 5 day(s) ago. The onset was sudden. The condition is described as being moderately painful, with light sensitive, blurry vision, discharge, and burning. Pt was using nail glue to keep eyelashes on and the glue got in her eye. Pt went to ER and was given numbing drops (along with pain meds due to other reasons why she went to the ER).

Chief Complaint | CC Details (HPI)
--- | ---
Follow-up of corneal abrasion | The 22 year old female presents for evaluation of follow-up of corneal abrasion in the left eye. The patient feels it is improving. "It feels a lot better." She says there is a little pain still, and blurry. She is doing Erythromycin ung QID OS, tears QID OS, and cold compresses. The tears and ung make OS itch "a lot".

Anatomy of Glaucoma

The ciliary body produces aqueous fluid. The aqueous flows around the lens through the pupil into AC, then drains through TM to episcleral veins to the Schlemm’s Canal, then to the orbital veins.

Optic Nerve

- The optic nerve, also called Cranial Nerve II (CNII), transmits visual information from the retina to the brain.
- The optic nerve is damaged with long term high pressure.

Progression of Optic Nerve Damage

Retinal Nerve Fibers

Visual Field Defects
Anatomy of Glaucoma (Angle Closure)

- Anterior Chamber
  - Angle
  - Ciliary body
  - Trabecular meshwork
  - Aqueous humor (fluid)
  - Iris

Questions to Ask Regarding a Glaucoma Exam

- Do you have glaucoma in both eyes? If both, which eye seems worse to you?
- Have you noticed any changes or having any problems with your vision? If so, explain.
- Are you taking any eye drops? If so, what are you taking and when was your last dose?
- How are you doing with your eye drops? Are you getting them in regularly? Are they causing any irritation?
- Is there a family history of glaucoma?
- Are you having any eye pain or redness?
- Document any pertinent negatives.

CC/HPI for a Glaucoma Follow-up Visit

<table>
<thead>
<tr>
<th>Chief Complaint</th>
<th>CC Details (HPI)</th>
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<tbody>
<tr>
<td>Glaucoma consult per Dr. Howell</td>
<td>The 47 year old male presents for evaluation of glaucoma consult per Dr. Howell in the right and left eyes. States that his vision is stable with no noticeable change since his visit 2 months ago. Denies any eye pain, rainbows, headaches, kidney stones.</td>
</tr>
<tr>
<td>3 mo glaucoma check, near VA worse</td>
<td>The 94 year old female presents for evaluation of 3 mo glaucoma check; near VA worse in the left more than the right eye. The onset was gradual. The patient feels it is mild. The condition is described as blurry vision. In addition, it is associated with reading. Patient denies using eye drops. In the past month or so I don’t feel like I’m seeing as well up close as I was before, OS&gt;OD. No eye pain OU. I had some facial surgery done many years ago and it seems like it has fallen somehow to the way of my vision.</td>
</tr>
</tbody>
</table>

Specific Work-up Adaptations to Consider when Specific Scenarios Arise

“Triggers” to do more...

- What if your patient is in for a cataract evaluation and they start telling you about how horribly dry their eyes are?
- What if your glaucoma patient reports new distortions when looking at straight lines?

“Triggers” to do more...

- What if your LASIK evaluation talks to you about their uncontrolled diabetes?
- What if your retina patient tells you about their dog scratching their eye (cornea)?
“Triggers” to do more...

- What if your patient starts telling you about their red, goopy eyes when they are in for a routine follow-up?

- What if your patient getting pre-op testing done for cataract tells you they have had LASIK or PRK? Or that they are wearing Contact Lenses?

“Triggers” to do more...

- What if...
  
  There are so many different scenarios, you have to be able to THINK and likely amend your exam to include a different set of questions and/or testing or getting the doctor before you had originally planned.

- Not sure what to do? That’s ok, ask the doctor or a lead tech.

In Summary

- Your CC should simply state the reason for the patient’s visit
- Timing since last visit
- Condition being examined

- Your HPI should state the patient’s symptoms
- Read it before saving it... does it make sense? Does it capture what the patient is telling you?
- Is the information relevant to your patient’s condition(s)?

Any Questions?

For more information, contact:

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