



**EVIDENCE-BASED CLINICAL
PRACTICE GUIDELINE**

**TREATMENT &
MANAGEMENT OF OCULAR
DISEASE**

Effective November 29, 2017



Treatment & Management Of Ocular Disease Clinical Practice Guideline

The objective of this Clinical Practice Guideline (CPG) is to provide guidance to Doctors of Optometry on the assessment, diagnosis, treatment, co-management, on-going independent management and referral of patients with ocular disease; or, who exhibit ocular signs and symptoms of systemic disease.

It is based on the best available and most current optometric and medical clinical evidence and research. It is not intended to replace professional discretion and judgment; nor is it intended to be used as an all-encompassing clinical manual. Clinicians must base their assessment, diagnostic, management and treatment regimens on the specific needs of the patient at that point in time.

Goals

It is the goal of every optometrist to:

- 1. Identify and diagnose those patients at risk for developing ocular disease as early as possible, minimize the damaging effects of ocular disease and preserve a patient's vision for as long as possible.**
- 2. Collaborate and communicate with patients, legal guardians and/or other health care practitioners in order to:**
 - Increase access to competent vision care services,**
 - Maximize a patient's visual status and quality of life,**
 - Improve patient compliance and outcomes,**
 - Reduce the possibility of duplication of tests and services, and,**
 - Provide vision care services in the most efficient and effective manner.**

General Guidelines

- 1. Optometrists who graduated after January 1, 1995 and passed the CSAO/CACO/OEBC exam, and all others who have passed a topical therapeutics certification course acceptable to the ACO Council (100 hour course of which at least 40 hours must be in a clinical setting dealing with therapeutic agents) may diagnose and treat anterior segment ocular disorders with topical pharmaceuticals.**
- 2. Optometrists who graduated after January 1, 2015 and passed the CACO/OEBC exam, and all others who have passed an oral and topical therapeutics certification course acceptable to the ACO Council may diagnose and treat ocular disorders with any Schedule 1 or Schedule 2 oral and/or topical pharmaceuticals.**

- 3. Optometrists who graduated after January 1, 2015 and passed the CACO/OEBC exam, and all others who have successfully completed the ACO Advanced Scope of Practice Certification Course (or similar course approved by the ACO Council) may utilize the following models of care for glaucoma suspects and patients:**
 - Independent diagnosis, treatment and management.
 - Co-management with an appropriately certified optometrist or ophthalmologist.
 - Referral to an appropriately certified optometrist or ophthalmologist.

- 4. Optometrists who transfer to Alberta from another province (after registering in that province with the NBEO or an exit exam from an accredited North American optometry program):**
 - If they graduated before January 1, 2015, they must pass the entire Advanced Scope Certification Course before being registered with the ACO.
 - If they graduated after January 1, 2015, they must pass the Advanced Scope Certification Course final exam before being registered with the ACO.

- 5. Optometrists who graduated before January 1, 2015 and have not successfully completed the ACO Advanced Scope of Practice Certification Course (or similar course approved by the ACO Council) may utilize the following models of care for glaucoma suspects and patients:**
 - Co-management with an appropriately certified optometrist or ophthalmologist.
 - Referral to an appropriately certified optometrist or ophthalmologist.

- 6. Co-management of patient care requires the following:**
 - Agreement and discussion of protocols from both practitioners to enter into a co-management model of care.
 - Appropriate sharing of test results.
 - Appropriate communication of any changes to patient management or advice to patient.
 - Agreement on patient follow-up (which practitioner and timeline).
 - Appropriate communication and follow-up of any changes to disease status, patient compliance and/or complications.

- 7. Optometrists must refer patients to an appropriately trained and certified practitioner when the patient presents with:**
 - Potential ocular disease conditions that require additional diagnostic testing or treatment that the optometrist does not provide.
 - Ocular disease conditions considered to be outside their scope of practice or level of competence.
- 8. Optometrists must report all suspected adverse drug reactions or medical device problems to Health Canada.**
- 9. Optometrists may issue pharmaceutical prescriptions via written script, FAX, electronically or directly verbalized to a pharmacy.**
- 10. Pharmaceutical prescriptions must contain the following:**
 - The name, address, telephone number, license number and signature of the optometrist.
 - The given name and surname of the patient.
 - The patient's health care number (as per Electronic Health Record requirements).
 - The date that the prescription was issued.
 - The scientific or trade name and concentration of the drug.
 - Whether generic substitution is allowed or not.
 - The amount to be dispensed.
 - The instructions for dosing – frequency and duration of treatment.
 - The number of repeats authorized.
- 11. Optometrists shall only dispense, sample, provide for sale or sell a Schedule 1 or Schedule 2 drug incidental to the practice of optometry. An optometrist shall not prescribe any narcotic or controlled substance.**
- 12. In order to ensure appropriate sharing of information with other health care practitioners:**
 - Optometrists shall record all internal dispensing, sampling or selling events of Schedule 1 and 2 drugs on provincial databases.
 - Pharmacists will continue to be responsible for recording all optometric prescriptions that they fill on provincial databases.
- 13. Optometrists shall consider and initiate treatment and intervention procedures that most effectively reduces the time course and potential sequelae of the disease/condition. It is incumbent upon each optometrist to consider the patient's personal history, family history, allergies and sensitivities, current medications and current health status in order to make an appropriate and informed decision.**

14. Optometrists shall:

- **Instruct and counsel the patient on the correct use of the prescribed agent.**
- **Advise the patient on potential adverse effects.**
- **Schedule appropriate follow-up appointments for those conditions and diseases that require it.**

15. Optometrists shall communicate with staff, patients, care givers, legal guardians and/or other members of the patient's health care team as per Section 1.8 of the ACO Standards of Practice.