# Sample Encounter Note: Allergic conjunctivitis

**Ancillary tests:**

- Skin testing
- Indication: Confirm allergic component

- Multi-allergen IgE antibody panel
- Indication: Confirm allergic component

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**Diagnosis:**


**Location:**


**Plan:**

Olopatadine ophthalmic sol. 0.2%. 1 gtt OU qd and preservative-free artificial tears qid OU.

Patient instructed to use cool compresses several times per day, to take steps to avoid allergens, and to return to clinic in 1 week

**Patient Education:**

Patient was informed they have allergic conjunctivitis which is an inflammation of the eyes. This inflammation is caused when the body detects foreign allergens such as pollen and mobilizes its' immune response

**NOTE**: The plan should be written as one would document in an EHR. It should not be a long transcript of the conversation with the standardized patient.

**NOTE:** In addition to the written documentation above, the diagnosis, etiology, and treatment needs to be verbally communicated to the standardized patient in patient-centered language.

**Ancillary tests** should be ordered to rule in/out diagnoses or to educate a treatment plan. Some diagnoses require no additional ancillary tests. Candidates are not required to order ancillary tests if none are needed.

Candidates do not have points deducted if they elect to order appropriate ancillary testing (with justification), but they should not order unnecessary tests.

**Diagnosis** is selected by typing into the field and selecting the desired diagnosis

**Location** refers to the eye that the ocular issue presents. Select "N/A" if the issue does not present in an eye.

**Plan** consists of two **required** elements to be documented:

1. **Therapeutics** (pharmacologic or refractive prescriptions), MUST be written out completely. Referrals to other practitioners or services along with reasons for referral.
2. **Return-To-Clinic (RTC)** refers to when patients should return to see the candidate (i.e. 1 day, 1 month, 6 months, etc.). Candidates should not provide a range (i.e. 3-6 months).

**Patient Education** consists of two sub elements (instructions) that need to be documented:

1. **Diagnosis**
2. **Etiology/Pathophysiology**

# Sample Encounter Note: Asteroid hyalosis

**Ancillary tests:**

- Macular OCT
- Indication: evaluate macular integrity

- B-scan ultrasonography
- Indication: evaluate retinal integrity unable to be viewed through dense asteroid hyalosis

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**Diagnosis:**


**Location:**


**Plan:**

Monitor and reassure the patient. Refer patient to PCP for follow-up regarding diabetes, hypertension, and hypercholesterolemia. Patient to return in 1 year for annual exam.

**Patient Education:**

Patient was informed they have asteroid hyalosis, a condition where calcium phosphate crystals form in the jelly part of their eye. The exact reason why some people get these crystals is not known, but it may be age related, and they are not harmful. Patient was referred to their primary medical doctor for evaluation for diabetes, high blood pressure, and high cholesterol

**NOTE**: The plan should be written as one would document in an EHR. It should not be a long transcript of the conversation with the standardized patient.

**NOTE:** In addition to the written documentation above, the diagnosis, etiology, and treatment needs to be verbally communicated to the standardized patient in patient-centered language.

**Ancillary tests** should be ordered to rule in/out diagnoses or to educate a treatment plan. Some diagnoses require no additional ancillary tests. Candidates are not required to order ancillary tests if none are needed.

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**Patient Education** consists of two sub elements (instructions) that need to be documented:

1. **Diagnosis**
2. **Etiology/Pathophysiology**

# Sample Encounter Note: Astigmatism, compound myopic

**Ancillary tests:**

- Cycloplegic refraction
- Indication: to rule out latent hyperopia

- Corneal topography
- Indication: to rule out irregular astigmatism

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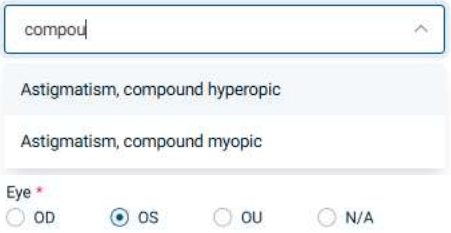
**Diagnosis:**




**Location:**




**Plan:**

Prescribe Trivex lens full time and have patient come back for eye exam in 9 months

OS: -2.25-1.25x174
OD: -2.25-1.27x178

**Patient Education:**

Patient was told that they are nearsighted, a condition called myopia, and that they have astigmatism which occurs when the lens in their eye doesn't focus light in exactly the same spot. Together, this condition is called compound myopic astigmatism and the glasses that are being prescribed today will give them clear vision.

**NOTE**: The plan should be written as one would document in an EHR. It should not be a long transcript of the conversation with the standardized patient.

**NOTE:** In addition to the written documentation above, the diagnosis, etiology, and treatment needs to be verbally communicated to the standardized patient in patient-centered language.

**Ancillary tests** should be ordered to rule in/out diagnoses or to educate a treatment plan. Some diagnoses require no additional ancillary tests. Candidates are not required to order ancillary tests if none are needed.

Candidates do not have points deducted if they elect to order appropriate ancillary testing (with justification), but they should not order unnecessary tests.

**Diagnosis** is selected by typing into the field and selecting the desired diagnosis

**Location** refers to the eye that the ocular issue presents. Select "N/A" if the issue does not present in an eye.

**Plan** consists of two **required** elements to be documented:

1. **Therapeutics** (pharmacologic or refractive prescriptions), MUST be written out completely. Referrals to other practitioners or services along with reasons for referral.
2. **Return-To-Clinic (RTC)** refers to when patients should return to see the candidate (i.e. 1 day, 1 month, 6 months, etc.).
   Candidates should not provide a range (i.e. 3-6 months).

**Patient Education** consists of two sub elements (instructions) that need to be documented:

1. **Diagnosis**
2. **Etiology/Pathophysiology**