



OneSight

Eye Health

# OneSight IT Operations

Eye Health  
Clinic Operations  
User Guide

## Overview

This document will go over the process of using the iPad at the Eye Health station on clinic. It's important to note that this application can **ONLY** be accessed by an OD.

## Eye Health Check

Once you have searched for the patient you will be brought to the Eye Health Check page. The first section is "Patient Information" and has the following fields. These fields have been pulled from registration and cannot be changed.

**ID** – The personal ID for the patient

**First** – First name of the patient

**Last** – Last name of the patient

**DOB** – Patient's date of birth.

**Age** – Age of the patient.

**School/Group/Community** – The school, group, or community the patient is a part of.

**Grade** – The grade the patient is in.

# Eye Health Check

## Personal Data

ID:	First:	Last:	DOB: d/m/y	Age:	School/Group/Community:	Grade:
1234			05/16/2007	12	TEst	N/A

The next section is “Health History” and has the following fields. These fields have been pulled from registration.

**Glaucoma** – Yes, no, or unknown.

**Diabetes** – Yes, no, or unknown.

**Hypert** – Or “Hypertension”, should show yes, no, or unknown.

**Cataracts** – Yes, no, or unknown.

**Screeener Observations** – Observation notes from the screener

**Medications** – List of the patient’s medications.

**Allergies** – List of the patient’s allergies.

**Pre-Test Notes** – Notes entered from pre-test.

**Select Chief Complaints** – List of complaints by the patient. Has options for Allergies, Blurry Vision, Burning, Crossed Eyes, Discharge, Distorted Vision, Double Vision, Dry Eye, Excessive Blinking, Eye Pain, Floaters, Foreign Body, Headaches, Inflammation, Itching, Lid Drooping, Light Sensitivity, Ocular Fatigue, Other, Red Eyes, Rub Eyes, Sandy/Gritty Feeling, Squinting, Sties/Crusted Eyelids, Swelling, and Watery Eyes.

**Health History**

<b>Glaucoma:</b> Unknown	<b>Diabetes:</b> Unknown	<b>Hypertension:</b> Unknown	<b>Cataracts:</b> Unknown	<b>Macular:</b> Unknown	<b>Screeener Observations:</b> <input type="text"/>	<b>Screeener Observations:</b> <input type="text"/>
<b>Medications :</b> <input type="text" value="none"/>	<b>Allergies:</b> <input type="text" value="Latex"/>	<b>Pre Test Notes</b> <input type="text" value="Broken Glasses -"/>	<b>Chief Complaint:</b> <input type="text" value="Dry Eye"/> <input type="text" value="Excessive Blinking"/> <input type="text" value="Eye Pain"/>			

The next section is Pre-Test Results and has the following fields. The data in these fields have been taken from Visual Acuity, Color & Depth, IP, and Dilation stations that the patient was previously at and can be changed if needed.

**Unaided** – Three rows for OD, OS, and OU. Each dropdown has the option of 20/16 through 20/200, N/A, CF, HM, and LP.

**Aided** – Three rows for OD, OS, and OU. Each dropdown has the option of 20/16 through 20/200, N/A, CF, HM, and LP.

**Near** – Three rows for OD, OS, and OU. Each dropdown has the option of 20/16 through 20/200, N/A, CF, HM, and LP.

**Color Correct** – Dropdown with the option of 0 through 7 or Not Given.

**Depth Test** – Dropdown with the option of Fly Test, Animal Test, Circle Test, or Dot E Test.

**Result** – Dropdown with the option of N/A, Pass, Fail, or Not Given.

**IOP OD** – Dropdown with the option of 6 through 40 or N/R.

**IOP OS** – Dropdown with the option of 6 through 40 or N/R.

**DIL MED** – Dropdown with the option of Cyclogel or Mydracyl

**Dilated At** – Time the patient was dilated at.

Pre-Test Results							
UnAided:	Aided:	Near:	Color Correct: /7	Depth Test:	IOP OD	DIL MED:	
(N/A) ▾	20/25 ▾	20/30 ▾	3 ▾	Circle Tes ▾	11 ▾	▾	
UnAided	Aided	Near:		Result:	IOP OS:	Dilated at:	
(N/A) ▾	20/20 ▾	20/20 ▾		N/A ▾	8 ▾	▾	
UnAided:	Aided:	Near:					
(N/A) ▾	20/20 ▾	20/20 ▾					

AUTO REFRACTION			Old Glasses			Muscle Balance		
OD:	Sphere: +0.0 -	Cylinder: 0.00 -	Axis: 005 -	OD:	Sphere: +0.0 -	Cylinder: - -	Axis: - -	Type of Test Given: <input type="radio"/> COVER TEST <input type="radio"/> PHOROPTER
OS:	Sphere: +0.0 -	Cylinder: 0.00 -	Axis: 174 -	OS:	Sphere: +0.0 -	Cylinder: - -	Axis: - -	H ORTHO <input type="checkbox"/> V ORTHO <input type="checkbox"/> EOM: ? <input type="checkbox"/>
								Pupils: ? <input type="checkbox"/> <input type="radio"/> ESO <input type="radio"/> HYPO <input type="radio"/> EXO <input type="radio"/> HYPER <input type="radio"/> NAP <input type="radio"/> NAP

After Pre-Test Results we have results for other stations the patient was previously at. The first one is for Auto Refraction and has the following fields for OD and OS.

**Sphere** – Dropdown with options of -25 to +30.

**Cylinder** – Dropdown with options of 0 to -10.

**Axis** – Dropdown with options of 000 to 180.

The next section is for Old Glasses and has the following fields for OD and OS. This section is only filled out if the patient has an old pair of glasses they wear.

**Sphere** – Dropdown with options of -25 to +30.

**Cylinder** – Dropdown with options of 0 to -10.

**Axis** – Dropdown with options of 000 to 180.

The next section is for Muscle Balance and has the following fields.

**Type of Test Given** – Option of Cover Test or Phoropter.

**H Ortho** – Check box if applicable.

**V Ortho** – Check box if applicable.

**EOM** – Check box if applicable.

**Pupils** – Check box if applicable.

**ESO, EXO, NAP, HYPO, HYPER, NAP** – Check all boxes that are applicable.

Optic Nerve		Internal Exam		Slit Lamp	
<b>CD OD</b>	<b>CD OS</b>	<b>DISC MGN:</b>	<b>VESSEL</b>	<b>LIDS</b>	<b>A/C</b>
0.30 -	0.25 -	<input checked="" type="checkbox"/> OD NAP	<input checked="" type="checkbox"/> OS NAP	<input checked="" type="checkbox"/> OD NAP	<input checked="" type="checkbox"/> OS NAP
<b>CUP OD</b>	<b>CUP OS</b>	<b>DISC COLOR</b>	<b>POST POLE</b>	<b>CONJ</b>	<b>IRIS</b>
<input checked="" type="checkbox"/> NAP	<input checked="" type="checkbox"/> NAP	<input checked="" type="checkbox"/> OD NAP	<input checked="" type="checkbox"/> OS NAP	<input checked="" type="checkbox"/> OD NAP	<input checked="" type="checkbox"/> OS NAP
<b>RIM OD</b>	<b>RIM OS</b>	<b>MAC/FOVEA</b>	<b>PERIPHERY</b>	<b>CORNEA</b>	<b>TEARS</b>
<input checked="" type="checkbox"/> NAP	<input checked="" type="checkbox"/> NAP	<input checked="" type="checkbox"/> OD NAP	<input checked="" type="checkbox"/> OS NAP	<input checked="" type="checkbox"/> OD NAP	<input checked="" type="checkbox"/> OS NAP
<b>ALL NAP MB</b>	<b>ALL NAP (Nerve/Internal/Slit Lamp)</b>	<b>CLEAR ALL</b>		<b>LENS</b>	<b>ANGLES</b>
				<input checked="" type="checkbox"/> OD NAP	<input checked="" type="checkbox"/> OS NAP
				<input checked="" type="checkbox"/> OD NAP	<input checked="" type="checkbox"/> OS NAP

The next section is Optic Nerve and has the following fields.

**CD OD** – Dropdown with options of .10 through 1.00

**CD OS** – Dropdown with options of .10 through 1.00

**CUP OD** – Checkbox with option of NAP.

**CUP OS** – Checkbox with option of NAP.

**RIM OD** – Checkbox with option of NAP.

**RIM OS** – Checkbox with option of NAP.

The next section is for Internal Exam and has the following fields.

**DISC MGN** – Checkbox with options of OD NAP and OS NAP.

**VESSEL** – Checkbox with option of OD NAP and OS NAP.

**DISC COLOR** – Checkbox with option of OD NAP and OS NAP.

**POST POLE** – Checkbox with option of OD NAP and OS NAP.

**MAC/FOVEA** – Checkbox with option of OD NAP and OS NAP.

**PERIPHERY** – Checkbox with option of OD NAP and OS NAP.

The next section is Slit Lamp and has the following fields.

**LIDS** – Checkbox with option of OD NAP and OS NAP.

**A/C** – Checkbox with option of OD NAP and OS NAP.

**CONJ** – Checkbox with option of OD NAP and OS NAP.

**IRIS** – Checkbox with option of OD NAP and OS NAP.

**CORNEA** – Checkbox with option of OD NAP and OS NAP.

**TEARS** – Checkbox with option of OD NAP and OS NAP.

**LENS** – Checkbox with option of OD NAP and OS NAP.

**ANGLES** – Checkbox with option of OD NAP and OS NAP.

Below this section there are three yellow buttons labelled “ALL NAP MB,” “ALL NAP (Nerves/Internal/Slitlamp),” and “CLEAR ALL.” If you select the button for “ALL NAP MB” it will check the boxes in the Muscle Balance section for H ORTHO, V ORTHO, EOM, Pupils, and NAP. If you select the button for “ALL NAP (Nerves/Interneal/Slitlamp)” it will select all boxes under Optic Nerve, Internal Exam, and Slit Lamp. If you select the button for “CLEAR ALL” it will clear all of these selections. These buttons are very useful for speeding up this entire process.

Below this you will find an empty box stating “Internal Exam Notes and Findings.” You can enter anything you find from the exam into here.

**Internal Exam Notes and Findings:**

describe issue

**Pupillary Distance Measurements**

Binocular PD:	OD Distance:	OS Distance:	OD Near:	OS Near:	SEG
74	35	36.5	35.5	35.5	13

The next section is Pupillary Distance Measurements and has the following fields.

**Binocular PD** – Dropdown with option of 46 through 80.

**OD Distance** – Dropdown with option of 23 through 40.

**OS Distance** – Dropdown with option of 23 through 40.

**OD Near** – Dropdown with option of 23 through 40.

**OS Near** – Dropdown with option of 23 through 40.

**SEG** – Dropdown with option of 5 through 28.

The screenshot shows a form titled "Final RX" with a dark blue header. Below the header are two green buttons: "NO RX" and "READY READER". To the right of these buttons are two dropdown menus for "OD Sphere" and "OS Sphere", both set to "+0.00". Further right is an "Exam Date" field with a calendar icon, showing "1/3/2020". Below these fields is a horizontal line. Underneath the line are several fields: "RX YEARS" with radio buttons for "1 Year" (selected) and "2 Years"; "RX EXPIRE DATE" with a calendar icon showing "1/3/2021"; "Job Status Date" with a calendar icon showing "1/3/2020"; "Examining OD" with the text "Maxwell"; "RX Prescribed?" with a dropdown menu showing "RX PRESCRIBED"; and "JOB STATUS" with a dropdown menu showing "RX PRESCRIBED".

The next section is Final RX. First you will find two green buttons. The first button is “NO Rx.” Click this button if the decision has been made to prescribe no prescription to the patient. The second button is “Ready Reader.” Click this button if the decision has been made to prescribe readers to the patient. Next you will see the following fields.

**OD Sphere** – Dropdown with option of -25 to +30 and BAL.

**OS Sphere** – Dropdown with option of -25 to +30 and BAL.

**Exam Date** – Select the date that the exam was done.

**RX YEARS** – Select the option for 1 Year or 2 Years.

**RX EXPIRE DATE** – Select the date that the Rx will expire. This should calculate automatically.

**Job Status Date** – Select the date of when the Job Status was set.



**Examining OD** – Confirm this shows your name.

**Rx Prescribed?** – Will show RX PRESCRIBED or NO RX. This field is determined by which green button you pressed earlier.

**JOB STATUS** – Will show RX PRESCRIBED or NO RX. This field is determined by which green button you pressed earlier.

The screenshot shows a prescription form interface with the following elements:

- Primary Diagnosis:** A dropdown menu with "Hyperopia" selected.
- Prescribe Glasses:** A dropdown menu with "1 Pair Only" selected.
- Referral:** A dropdown menu with "No" selected.
- Reason:** An empty dropdown menu.
- Product 1:** A dropdown menu with "Single Vision" selected.
- Wear Instructions:** A dropdown menu with "Reading Only" selected.
- Lens Selection:** A dropdown menu with "SV\_POLY" selected.
- FINAL RX NOTES:** A text box containing the placeholder text "Notes here are internal only and for referral details."
- NOTE TO PATIENT:** A text box containing the placeholder text "Notes here will print on the letter taken home to parents."
- Buttons:** Two buttons at the bottom: "UPDATE" and "BACK".

**Primary Diagnosis** – Dropdown with options of Hyperopia, Astigmatism, Other Condition, or Presbyopia.

**Prescribe Glasses** – Dropdown with options of 1 Pair Only, 2 Pairs Approved, or No Rx.

**Referral** – Dropdown with option of Yes or No.

**Reason** – Dropdown with options of Amblyopia, Cataract 1, Cataract 2, Cataract 3, Cataract 4, Cornea, Diabetic Retinopathy, Glaucoma, Glaucoma Suspect, High Rx, Macular Degeneration, Other, Pterigium, Retinal Degeneration, Strabismus, Trachoma, and Unable to Exam.

**Product 1** – Dropdown with options of Single Vision, SE Near, SE Distance, No RX, 1 QP Sun, 1 QP Ready 2 Clip, QP Ready Reader, Rx Near, Rx Bifocal, and Rx Distance.

**Wear Instructions** – Dropdown with options of Reading Only, Full Time, As Needed, Multifocal, and No Glasses.

**Lens Selection** – Dropdown with options that change depending on the product chosen. Single Vision will be the only option that will show an option which will be SV\_POLY. All other product options will give you the option of No Options Available.

Next there is a box where you can type in Final RX Notes. These are internal only and used for referral details. The next box where you can type in a Note To Patient. These will print on the letter taken home to the parents. Click on “Update” at the bottom of the screen. This will take you back to the search screen and you can move on to the next patient!