Initial report

A IDENTIFICATION

Patient's initials: _____

Paient's chart/record/ID No: _____

Paient's birthdate _____/_____/_____

month day year *(dropdown menu for month)*

Paient's age: _____

Paient's sex: ◎ Male ◎ Female

Paient's race: ◎ White ◎ Black ◎ Other _____

Type of injury

◎ Perforating ◎ IOFB ◎ Rupture

Date of injury: _____/_____/_____

month day year *(dropdown menu for month)*

Time of injury *(hour; dropdown menu for 24-hour day)* 1 2 3….. 22 23 24

City or location of injury: _____

State or country of injury (*dropdown men)*: _____

Date of primary surgery: _____/_____/_____

month day year *(dropdown menu for month)*

Time of primary surgery *(hour; dropdown menu for 24-hour day)* 1 2 3….. 22 23 24

Primary surgery performed by: Dr. _____ ◎ Unknown

Primary surgery performed elsewhere ◎ Yes

Where: _____

by: Dr. _____ ◎ Unknown

Date of secondary surgery: _____/_____/_____

month day year *(dropdown menu for month)*

Time of secondary surgery *(hour; dropdown menu for 24-hour day)* 1 2 ….. 22 23 24

Secondary surgery performed by: Dr. _____

Report submitted by: _____

Report submission date: _____/_____/_____

month day year *(dropdown menu for month)*

AA EYE INVOLVED

◎ Right ◎ Left ◎ Both; this report is submitted on the

◎ Right ◎ Left

Report on the other eye is also necessary: ◎ Yes ◎ No

B EYE PROTECTION

◎ No ◎ Unknown ◎ Yes

◎ Safety ◎ Regular ◎ Sun

Shattered ◎ No ◎ Unknown ◎ Yes

C PATIENT BYSTANDER

◎ No ◎ Unknown ◎ Yes

D WORK-RELATED

◎ No ◎ Unknown ◎ Yes

List occupation/work *(dropdown menu)* _____

E PLACE

(use USEIR form)

F HISTORY

Eye with good vision prior to injury

◎ No ◎ Unknown ◎ Yes

If no, explain _____

_____

Eye underwent surgery prior to injury

◎ No ◎ Unknown ◎ Yes

If yes, specify _____

Object causing injury _____

Activity causing injury _____

_____

G INTENT

(use USEIR form) _____

H ALCOHOL / DRUG USE

Alcohol ◎ No ◎ Unknown ◎ Yes

Drug ◎ No ◎ Unknown ◎ Yes

(use USEIR form)

I, J, K

Source _____

Tissues involved _____

Vision OD _____ OS _____

(use USEIR form; for K, include dropdown menu to show decimal values)

KK INJURY TYPE

◎ Perforating ◎ IOFB ◎ Rupture

KKK APD

◎ No ◎ Unknown ◎ Yes ◎ Relative

L

_____

_____

(use USEIR form)

M INITIAL DIAGNOSES

Wound: number, tissue involvement, length:

cornea	◎ 1	◎ 2	◎ 3≤	◎ No
	_____ mm	___+___ mm	___+ + +___ mm	
sclera	◎ 1	◎ 2	◎ 3≤	◎ No
	_____ mm	___+___ mm	___+ + +___ mm	
limbus	◎ 1	◎ 2	◎ 3≤	◎ No
	_____ mm	___+___ mm	___+ + +___ mm	

Entry/rupture wound location, cornea:

Quadrant: ☐ superotemporal ☐ superonasal

☐ inferotemporal ☐ inferonasal

Involves corneal center: ◎ Yes ◎ No

Entry/rupture wound location, sclera:

Quadrant: ☐ superotemporal ☐ superonasal

☐ inferotemporal ☐ inferonasal

Most posterior extension from limbus:_____ mm

Exit wound location:

Quadrant: ◎ superotemporal ◎ superonasal

◎ inferotemporal ◎ inferonasal

Distance from optic disc: _____ mm

Distance from macula: _____ mm

Tisue in wound, Wound dehiscence, Hyphema, Iris, pupil, Iris loss:

(use USEIR form)

IOP: _____ mmHg

Lens:

Clear ☐ Yes ☐ No ☐ Not applicable

Disrupted ☐ Yes ☐ No

In place ☐ Yes ☐ No ☐ Subluxated

☐ Dislocated (luxated) ☐ Anterior chamber ☐ Vitreous cavity

☐ Extruded ☐ Found by surgeon Where _____

Vitreous hemorrhage: ◎ No ◎ + ◎ ++ ◎ +++ ◎ ++++

Retina:

Hemorrhage ☐ No ☐ Yes In macula ☐ No ☐ Yes

Defect /break ☐ No ☐ Yes In macula ☐ No ☐ Yes

Impact site ☐ No ☐ Yes In macula ☐ No ☐ Yes

Impact No. ☐ 1 ☐ 2 ☐ 3 ☐ 4≤

Incarceration ☐ Anterior to equator ☐ Posterior to equator

Length _____ mm anterior to equator _____ mm posterior to equator

Distance from fovea at incarceration's closest point _____ mm

Edema ☐ No ☐ Yes In macula ☐ No ☐ Yes

Detachment ☐ No ☐ Yes In macula ☐ No ☐ Yes

Quadrants ☐ 1 ☐ 2 ☐ 3 ☐ 4

Type ☐ Rhegm. ☐ Tract. ☐ Hemorrh. ☐ Mixed

Choroid:

Hemorrhage ☐ No ☐ Yes In macula ☐ No ☐ Yes

Rupture ☐ No ☐ Yes In macula ☐ No ☐ Yes

Impact site ☐ No ☐ Yes In macula ☐ No ☐ Yes

Optic nerve:

Direct injury ☐ No ☐ Yes

Other and comments:

_____

_____

MM ADDITIONAL EVALUATION TESTS PERFORMED

X-ray ☐

CT ☐

Ultrasound ☐

Other _____

N PRIMARY AND SECONDARY SURGERIES

	PRIMARY	**SECONDARY**
	☐ None	
Anesthesia	☐ General	☐ General

	☐ Local/topical	☐ Local/topical
	☐ LMA	☐ LMA
Wound closure	☐	☐
Wound left so self-seal	☐	☐
Wound resuturing		☐
Hyphema removal	☐	☐
Iris reconstruction	☐	☐
Lens removal	☐	☐
Lens capsule removed	☐ Ant ☐ Post	☐ Ant ☐ Post
Lens removal technique	☐ Lensectomy	☐ Lensectomy
	☐ Limbal ☐	☐ Limbal ☐ PP
	☐ Phaco	☐ Phaco
	☐ ECCE	☐ ECCE
	☐ ICCE/other	☐ ICCE/other
IOL implantation	☐ No ☐ Yes	☐ No ☐ Yes
	☐ PC ☐ AC	☐ PC ☐ AC

Vitrectomy	☐ Posterior, indirect ☐ Posterior, complete ☐ Open sky/at wound	☐ Posterior, complete _____ Other
Infusion	☐ Anterior chamber ☐ Pars plana ☐ Around vitrectomy probe (ant. probe)	☐ Pars plana _____ Other
Illumination	☐ Microscope ☐ Pars plana ☐ External fiberlight	☐ Pars plana _____ Other
Retinectomy around incarceration/impact site		☐ Full 1 mm circle ☐ Partial circle
Hemorrhage from retinectomy		☐
IOFB removal	☐	☐
IOFB magnetic	☐ No ☐ Yes	☐ No ☐ Yes
IOFB removal with	☐ Endomagnet ☐ External magnet	☐ Endomagnet ☐ External magnet

	☐ Forceps	☐ Forceps
Laser around retinectomy		☐ Endo ☐ Indirect
Laser, peripheral cerclage		☐ Endo ☐ Indirect
Tamponade	☐ Air ☐ Gas ____ % of ____ ☐ Silicone oil ☐ Other ____	☐ Air ☐ Gas ____ % of ____ ☐ Silicone oil ☐ Other ____
Other		
Duration of surgery (from cut to suture)	____ min	____ min
Surgery videotaped	☐ Yes ☐ No	☐ Yes ☐ No
Operative notes available if needed	☐ Yes ☐ No	☐ Yes ☐ No
Postoperative treatment	☐ Topical steroids ☐ Systemic corticosteroids ☐ Intravitreal antibiotics ____ of ____ ____ of ____	☐ Topical steroids ☐ Systemic corticosteroids ☐ Intravitreal antibiotics ____ of ____ ____ of ____

	_____ of _____ Intravenous antibiotics _____ _____ Intravitreal corticosteroids _____ of _____ Peribulbar corticosteroids _____ of _____	_____ of _____ Intravenous antibiotics _____ _____ Intravitreal corticosteroids _____ of _____ Peribulbar corticosteroids _____ of _____
Other		

Follow-up report

A IDENTIFICATION

Patient's initials: _____

Paient's chart/record/ID No: _____

Date of injury: _____/_____/_____

month day year *(dropdown menu for month)*

Type of injury

◎ Perforating ◎ IOFB ◎ Rupture _____

Date of examination: _____/_____/_____

month day year *(dropdown menu for month)*

Follow-up length (weeks post secondary surgery): _____

O VISUAL ACUITY OF INJURED EYE

_____

(use USEIR form)

P LENS STATUS

_____

(use USEIR form)

Q VISUAL FIELD

Scotoma in the area of retinectomy noticed by patient

◎ No ◎ Yes

Binocular vision tolerated ◎ No ◎ Yes

R VISUAL FUNCTION

_____

(use USEIR form)

RR POTENTIALLY IMPROVABLE WITH ADDITIONAL TREATMENT

_____

(use USEIR form)

T REHAB. STATUS

_____

(use USEIR form)

V COMMENTS

_____

_____

U HOSPITALIZATION (>24 hours) DUE TO INJURY

◎ No ◎ Yes

UU CONDITION OF FELLOW EYE

Only if change related to injured eye: _____

W LATE DIAGNOSES

Scar tissue development

PVR ◎ No ◎ Yes

☐ Anterior ☐ Posterior

Stage ◎ A ◎ B

◎ C 1 ◎ C 2 ◎ C 3

◎ D 1 ◎ D 2 ◎ D 3

Macula involved in scarring ◎ No ◎ Yes

Retina attached ◎ No ◎ Yes

Number of detached quadrants ◎ 1 ◎ 2 ◎ 3 ◎ 4

Macula detached ◎ No ◎ Yes

Subretinal strands, number of quadrants

◎ 1 ◎ 2 ◎ 3 ◎ 4 ◎ subfoveal strand

Retinal fold formation ◎ No ◎ Yes

Reaching into macula ◎ No ◎ Yes

Other

IOP ◎ Normal without treatment ◎ Normal with treatment

☐ Treatment medical ☐ Treatment surgical

◎ High despite treatment ◎ Low

Eye's gross natomy

◎ Normal ◎ Enucleated ◎ Eviscerated ◎ Phthisis

Silicone oil still in eye ◎ No ◎ Yes

Removed _____ months after implantation

Removal planned ◎ No ◎ Yes

Other new diagnoses

Cornea _____

Sclera _____

Iris _____

Pupil _____

Lens/IOL _____

Vitreous _____

Retina _____

Comment

_____

_____

X ADDITIONAL SURGERIES

Surgery Date

_____ ____/____/____

month day year

_____ ____/____/____

month day year

_____ ____/____/____

month day year

_____ ____/____/____

month day year

FINAL FOLLOW-UP AT 6 MONTHS

In addition, to those listed above, add:

APD ◎ No ◎ Yes ◎ Relative

Rough visual field estimate of injured eye

◎ Normal ◎ Total loss ◎ Partial loss

Rough motility of injured eye

◎ Normal ◎ Immobile ◎ Partially mobile

Further intervention planned/expected within 6 months

◎ No ◎ Yes

What When

_____ ____/____/____

month day year

_____ _____/_____/_____

month day year

◎ Radio button: either / or

☐ Checkmark: check as many as needed