STANDARDS, LIMITS & CONDITIONS IN THE TREATMENT OF EYE DISEASE

TREATMENT WITH PHARMACEUTICALS
1. A Registrant who prescribes a topical pharmaceutical agent must refer the patient to an ophthalmologist if there is no improvement to the condition after 7 days from the diagnosis.
2. A Registrant who prescribes a topical corticosteroid must refer the patient to an ophthalmologist if the condition worsens after 72 hours from the diagnosis.
3. A Registrant who prescribes a topical corticosteroid must refer the patient to an ophthalmologist if the condition has not resolved after 3 months from the diagnosis unless the Registrant is co-managing the patient with an ophthalmologist.
4. A Registrant must consult an ophthalmologist if the condition recurs within 3 months of cessation of therapy.
5. A Registrant must consult with an ophthalmologist if the patient experiences an adverse event with a prescribed pharmaceutical.

TREATMENT OF THE NASAL LACRIMAL APPARATUS
1. A Registrant who is qualified may, on patients over the age of 12, perform punctal dilation and irrigation of the lacrimal canaliculi but may not probe the nasal lacrimal tract.
2. A Registrant may insert and remove punctal plugs.
3. A Registrant may epilate eyelashes.

FOREIGN BODY REMOVAL
1. A Registrant may perform non surgical procedures on body tissues below the dermis or the mucous membrane for the removal of foreign bodies from the conjunctiva, lid or adnexa.
2. A Registrant may remove central corneal foreign bodies within a 2mm radius of the visual axis if the foreign body is superficial and not deeper than Bowman’s membrane. Central corneal foreign bodies deeper than Bowman’s membrane must be referred to an ophthalmologist.
3. A Registrant may remove corneal foreign bodies beyond 2mm from the visual axis provided the foreign body is not deeper than the mid stroma.
4. All Sidel positive, high velocity or penetrating corneal foreign bodies must be referred to an ophthalmologist.
5. Corneal foreign body removal may be performed outside of these guidelines if it is in the best interest of the patient, if immediate action must be taken and if immediate access to an ophthalmologist is not possible.

ULTRASOUND
1. A Registrant may apply ultrasound for diagnostic purposes, to measure the thickness of the cornea.