Ultrasound

14 A registrant may apply ultrasound for diagnostic purposes, to measure the thickness of the cornea or the axial length of the eye.

1.2.10 THERAPEUTIC PHARMACEUTICAL AGENTS

1 Where the use of a therapeutic pharmaceutical agent is indicated, the registrant must:

(a) prescribe the most appropriate therapeutic pharmaceutical agent and delivery method; and

(b) note in the patient record the name/type, amount/volume, dose, treatment eye and refills (if any) of therapeutic pharmaceutical agent prescribed; and

(c) instruct the patient on the correct use of the therapeutic pharmaceutical agent including precautionary procedures and non-pharmacological management; and

(d) monitor and modify as necessary the prescribed treatment regimen; and

(e) follow up with the patient until the condition being treated is resolved.

2 In determining the most appropriate therapeutic pharmaceutical agent and delivery method, the registrant must consider microbiological, pharmacological, systemic, ocular and drug substitution factors.

3 A registrant may issue a prescription for a therapeutic pharmaceutical agent in writing or by verbal direction to a pharmacist.

1.2.11 ANTI-GLAUCOMA MEDICATION PRESCRIBING

1 A Therapeutic Qualified Registrant who prescribes anti-glaucoma medications must:

(a) own, and be competent in the use of:

1) a Goldmann type applanation tonometer; and

2) an anterior chamber goniolens; and

3) a stereo slit lamp biomicroscope with contact or non-contact lens; and

4) a Humphrey type automated visual field analyzer; and

5) a corneal pachymeter; and

6) a sphygmomanometer.

(b) have access to, and be competent in the interpretation of information from, any one of:

1) a tomographer; or

2) a polarimeter; or

3) a scanning laser ophthalmoscope; or

4) a stereo fundus camera.

2 A Therapeutic Qualified Registrant who prescribes anti-glaucoma medications may, in accordance to a medical standard, monitor, manage and/or treat:

(a) a glaucoma suspect; and

(b) early glaucoma; and

(c) glaucoma induced by topical steroids

provided it is within the registrant's competence to do so.

3 If a registrant monitors, manages or treats a glaucoma patient in accordance with subsection 2 above, the registrant must:

(a) not prescribe an anti-glaucoma medication to a patient who is under the age of 30 except as noted in 2(c) above; and

(b) refer the patient to an ophthalmologist:

1) for consultation or management if the patient has one or more eyes with:
   i) moderate glaucoma; or
   ii) IOP above target pressure for more than six weeks from the initiation of treatment; or
   iii) a requirement for more than two concurrent classes of topical medications to reach target IOP (note that a single combination medication that contains two therapeutic pharmaceutical agents is considered to be two medications); or
   iv) a clinically significant adverse effect to a prescribed medication; or
2) if the patient has one or more eyes with:
   i) advanced glaucoma; or
   ii) a secondary glaucoma except as noted in 2(c) above.

(c) have a working relationship with an ophthalmologist who is accessible for consultation, referral, regular communication, collaboration and transfer of care when a patient is referred under 3(b) above. The communication, consultation, reporting and referral schedule must be considered on a case-by-case basis by the optometrist and the ophthalmologist who share in the care of the glaucoma patient.

(d) at the time of diagnosis and/or initiation of treatment, inform the patient that they have the prerogative to request management exclusively by an ophthalmologist or glaucoma sub-specialist.

(e) be available, or assign a Therapeutic Qualified Registrant able to meet all requirements of these Standards, Limits and Conditions for Practice, to be available to a glaucoma patient 24 hours a day seven days a week by pager, cell-phone or other electronic means.

(f) not prescribe:

1) a beta blocker

   (i) to a patient with a history of congestive heart failure, bradycardia, heart block, asthma or chronic obstructive pulmonary disease; or

   (ii) to any other patient without consulting the patient's primary care practitioner, if known.

2) a prostaglandin in the presence of

   (i) intraocular inflammatory disease; or

   (ii) previous ocular viral infections known to contraindicate prostaglandin use.

3) a cholinergic agent in the presence of

   (i) intraocular inflammatory disease; or

   (ii) MAO inhibitors; or

(iii) retinal lattice degeneration, retinal tears or retinal detachment.

(g) work-up and follow-up glaucoma patients to a medical standard;

(h) maintain a written record of:

1) patient history (ocular, medical and family); and

2) identifiable glaucoma risk factors; and

3) the treatment plan, targets and progress.

(i) provide a copy of the written record to the co-managing ophthalmologist

1) at least annually; and

2) at any time requested by the ophthalmologist; and

3) immediately if there is a change in the treatment plan or a clinically significant change in the patient's status.

Notes and Definitions

Note: Although they will change from time to time, the definitions, staging and standards for glaucoma care are described by the Canadian Ophthalmological Society (COS). Registrants are expected to stay current with the standards for glaucoma care.

Glaucoma Suspect – a person with one or two of the following: IOP > 21 mmHg; suspicious disc or C/D asymmetry of > 0.2; suspicious 24-2 (or similar) visual field defect.

Early Glaucoma – a glaucoma having glaucomatous disc features (eg, C/D* < 0.65) and/or mild visual field defect not within 10 degrees of fixation (e.g., MD better than -6 dB on HVF 24-2).

Moderate Glaucoma – a glaucoma having moderate glaucomatous disc features (eg, vertical C/D* 0.7 – 0.85) and/or moderate visual field defect not within 10 degrees of fixation (eg, MD from -6 to - 12dB on HVF 24-2).

Advanced Glaucoma – a glaucoma having advanced glaucomatous disc features (eg, C/D* > 0.9) and/or visual field defect within 10 degrees of fixation** (e.g., MD worse than -12dB on HVF 24-2).

Secondary Glaucoma – a glaucoma with an identifiable cause such as such as phacogenic, exfoliative, pseudo-exfoliative, pigmentary dispersion, inflammatory, angle recession, traumatic, neovascular, steroid induced***, malignant and post-operative glaucoma.

Target Pressure – The upper limit of initial target pressures for each eye are as per the COS guidelines:

Glaucoma Suspect – 24 mmHg with at least 20% reduction from baseline

Early Glaucoma – 20 mmHg with at least 25% reduction from baseline

Moderate Glaucoma – 17 mmHg with at least 30% reduction from baseline

Advanced Glaucoma – 14 mmHg with at least 30% reduction from baseline

*C/D - refers to vertical C/D ratio in an average size nerve. If the nerve is a small diameter, then a smaller C/D ratio may be significant. Conversely, a larger nerve diameter nerve may have a large vertical C/D ratio and still be within normal limits.

**Fixation - also consider baseline 10-2 (or similar).

***Steroid Induced Glaucoma – Therapeutic Qualified Registrants may treat this secondary glaucoma when it is induced by topical steroid therapy.

1.2.12 LABORATORY TESTS

1 Registrants who order laboratory tests are responsible for follow-up care related to the information obtained from the tests.

2 Copies of laboratory tests ordered by registrants must be sent to the patient's family doctor, if known.

1.2.13 REFERRAL

1 In any case where a registrant determines that:

(a) he or she does not have the equipment needed to examine a patient to the extent called for by the circumstances; or

(b) the patient requires or may benefit from treatment by a health professional other than an optometrist

the registrant must refer the patient to the appropriate health professional.

2 A registrant who refers a patient to another health professional is responsible for all reasonable follow-up related to the referral.

1.2.14 TELEOPTOMETRY

Definitions

1 In this section the following definitions apply:

(a) Teleoptometry: the provision of vision and eye health services within the scope of practice of optometry which are delivered remotely via information and communication technologies.

(b) Remotely: the absence of physical contact between the provider and patient because they are separated by remote distance.

Role of the College

2 The role of the College is to regulate registrants rather than the technology used in the practice of optometry. The use of information and communication technologies to deliver optometric services does not alter the ethical, professional and legal requirements imposed on registrants to provide competent, ethical, and appropriate optometric care.

Requirements

3 The requirements for treating patients via teleoptometry vary by jurisdiction. Registrants who provide teleoptometry must be aware of, and comply with, the registration requirements in British Columbia as well as the requirements in the jurisdiction in which the patient is located. The College in British Columbia as well as regulators in some of the other jurisdictions require optometrists to hold registration in the jurisdiction in which the patient is physically located in order to provide treatment.