

Weekly Educational Bulletin

27/03/2020 – Week 1

It is with regret that the half day releases will not be running at present. I cannot remember a time in my career when this teaching had to be postponed. We appreciate the teaching you receive and the time you have each week to speak to each other is valued.

Although we are unable to replicate this at present. We will do our absolute best to deliver education in a variety of formats to you.

Coronavirus Outbreak

What Is Covid-19

Covid 19 is a new strain of Coronavirus that was discovered in 2019. It has not been previously identified in Humans. This means that at present the human population do not exhibit any immunity.

Coronaviruses

These include a large group of viruses that cause illness ranging from the common cold to more severe illness such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV)

Coronaviruses transmit between animals and people. They are therefore known as zoonotic.

MERS-CoV was transmitted from dromedary camels to humans and SARS-CoV from civet cats to humans

There are many more coronaviruses that have not yet been transmitted to humans. (World Health Organisation)

Recent Research

Below are some useful resources and emerging evidence around Covid-19. When reviewing this, please do appreciate that the advice may well have changed as we learn more about this infection.

- **British Cardiovascular Society:**
https://www.britishcardiosocietysociety.org/news/ACEi-or-ARB-and-COVID-19#.XnH_DXRA6lp.whatsapp

- **Kidney Care UK**
<https://www.kidneycareuk.org/news-and-campaigns/coronavirus-advice/>
- **The Centre for Evidenced based Medicine**
<https://www.cebm.net/oxford-covid-19/>
- **NHS England and NHS Improvement Events**
<https://nhsevents.info/coronavirus-practical-advice/>
- **The Royal College of Obstetricians and Gynaecologists**
<https://www.rcog.org.uk/en/news/professional-bodies-response-to-government-advice-for-pregnant-women-to-self-isolate/>
- **British Society for Rheumatology**
<https://www.rheumatology.org.uk/news-policy/details/Covid19-Coronavirus-update-members>
- **British Medical Journal**
<https://www.bmj.com/content/368/bmj.m1086>

Evidence Based Telephone Triage

How to Respond during Telephone triage if you suspect exposure or infection BMJ 2020;368:m800

If a patient calls for advice from home or elsewhere and covid-19 is suspected:

- Assess whether they are clinically stable and not critically unwell. If the patient is critically unwell and requires urgent transfer to hospital, call 999 and inform the ambulance call handler of a suspected case of covid-19
- Avoid a face-to-face assessment in primary care including out-of-hours centres and GP hubs. Advise the patient to call NHS 111
- If hospital care is being considered, call the local hospital infection specialist (infectious diseases physician or microbiologist/virologist) for advice to discuss possible safe assessment in hospital
- If hospital assessment is advised, agree a method of transport with the hospital team, such as the patient's own car or an ambulance. Patients should not use public transport or taxis to get to hospital

There is also a very useful article that has just been published by "The Centre of Evidence-Based Medicine"

Link below and pdf attached

<https://www.cebm.net/are-there-any-evidence-based-ways-of-assessing-dyspnoea-breathlessness-by-telephone-or-video/>

Weekly Clinical Topic – Ophthalmology

RCGP Clinical Topic Guide: <https://www.rcgp.org.uk/training-exams/training/gp-curriculum-new/clinical-topic-guides/eyes-and-vision.aspx>

Many patients present to the GP instead of the Optician with eye symptoms. It is important to understand, be able to diagnose and treat common eye conditions.

You will find below in the next pages:

A table detailing many common eye conditions. You will see that some of the table has been completed and some has been left blank. As part of your learning have a go at completing the table.

Symptoms	Signs	Eye Examination	Treatment	Picture
<p>Conjunctivitis</p> <p>Conjunctivitis can be bacterial, viral or allergic.</p>				
<p>Gritty/itchy/foreign body sensation</p> <p>Bacterial conjunctivitis often has mucopurulent discharge/lashes stuck together</p> <p>viral often watery, associated with cold/sore throat, pre-auricular lymph nodes</p> <p>Blurring of vision due to disturbance of the tear film/corneal involvement (adenoviral)</p> <p>Seasonal/hayfever allergic conjunctivitis</p>	<p>Redness affects all conjunctiva (globe of eye and tarsal conjunctiva lining inside of eyelids)</p> <p>in contrast to uveitis or scleritis where redness only on the globe</p> <p>Purulent discharge suggests bacterial origin</p> <p>Small white corneal infiltrates can occur in viral infection</p>	<p>Instil 1 drop of fluorescein 0.25%</p> <p>Look for multiple fine white spots or fluorescein stains on cornea; major corneal staining or clouding suggests an alternative diagnosis eg corneal ulcer, especially in contact lens wearers</p>	<p>Chloramphenicol eye drops four times daily for bacterial conjunctivitis</p> <p>Topical lubricants for viral conjunctivitis</p> <p>Hygiene</p> <p>Topical steroids for corneal infiltrates should be prescribed by an ophthalmologist only</p> <p>Antihistamine or antmast cell drops (eg cromoglycate, nedocromil, opatanol) are used for allergy</p>	  
<p>Dry Gritty</p> <p>Dry eye syndrome is a condition where the eyes do not make enough tears, or the tears evaporate too quickly. This can lead to the eyes drying out and becoming inflamed. It is a common condition</p>				

and becomes more common with age, especially in women. up to a third of people aged 65 or older may have dry eye syndrome. It is more common in those with connective tissue disorders, in blepharitis and for contact lens wearers

<p>Dry, gritty, discomfort or tired eyes which get worse throughout the day</p> <p>Mildly sensitive to light (not significant photophobia)</p> <p>Slight blurred vision, which improves on blinking</p> <p>Both eyes are usually affected (maybe asymmetrical)</p>	<p>Redness of the eyes</p> <p>Spotty ("punctate") fluorescein staining</p> <p>May be associated blepharitis (crusting of lashes, foamy tear film)</p>	<p>Observe lids, conjunctiva and cornea with white light</p> <p>If qualified and confident to do so Instil 1 drop of proxymethacaine 0.5% with fluorescein 0.25%</p> <p>Observe for corneal staining preferably using a blue light consider Schirmer tear test (wetting of tear test strip in five minutes ,5-7mm)</p>	<p>Tear substitutes: mild to moderate cases of dry eye syndrome can usually be successfully treated using over-the-counter artificial tear drops;</p> <p>Eye ointment can also be used to help lubricate eyes, but it can often cause blurred vision, so it is probably best used only at night</p> <p>More severe cases may require specialist medication or lacrimal punctal plugs</p>	
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Blepharitis

Blepharitis is an inflammatory eyelid condition caused by chronic staphylococcal infection and malfunction of the meibomian (lipid) glands. It can cause secondary conjunctivitis and dry eye, and occasionally small corneal ulcers

<p>A gradual onset or chronic history of:</p> <p>Gritty/sore eye</p> <p>Crusting on lashes</p> <p>Red eyes</p>	<p>red rimmed, thickened lid margins +/- mild to severe crusting on the eyelashes</p> <p>Blocked or oozing meibomian glands</p> <p>Red conjunctiva in some cases</p>	<p>Observe lid margins, conjunctiva and cornea with white light</p>	<p>Give patient blepharitis information leaflet</p> <p>Eyelid hygiene –</p> <p>If severe blepharitis, prescribe chloramphenicol ointment 1% twice daily for one week, to be applied to eye lid margins after cleaning Ensure patient is informed that blepharitis is a chronic condition</p>	
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			and that they need to clean their lids twice a day once current inflammation has settled Review as appropriate	
<p>Chalazion</p> <p>a chalazion is a firm round lump in the upper or lower eyelid caused by a chronic inflammation/blockage of the meibomian gland. unless acutely infected, it is harmless and nearly all resolve if given enough time.</p>				
<p>Stye</p> <p>A stye is a small abscess of the lash root on the eyelid. It appears as a painful yellow lump on the outside of the eyelid where the lash emerges. It is also known as an external hordeolum.</p>				
<p>Corneal abrasion</p> <p>Corneal foreign bodies are common. There may be a history of trauma, or using tools (eg hammering) without protective goggles or feeling something blow into the eye. Metal foreign bodies can be very adherent and difficult to remove.</p>				
<p>Episcleritis</p> <p>Episcleritis is a benign, self-limiting inflammatory disease affecting the episclera, the loose connective tissue between the conjunctiva and sclera, and causes mild discomfort. It is usually idiopathic and only rarely associated with systemic disease (eg rheumatoid arthritis)</p>				

Much of this information has been found from a “GP Handbook” produced by Moorfields Eye Hospital: <https://www.moorfields.nhs.uk/sites/default/files/GP%20Handbook%20-%20Common%20eye%20condition%20management.pdf>

Resources for Further Learning

- RCGP: <https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/eye-health.aspx>
 - This link contains a number of “Eye health clinical fact sheets” e.g. conjunctivitis, dry eyes, steroids and the eye, flashing light and floaters
- E-learning for health: There is a large section on ophthalmology, certainly worth a look

- BMJ learning: Useful online learning modules <https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/eye-health.aspx>
 - Some examples of these modules are:
 - Quick tips: examination for the red eye and eye trauma
 - The red eye: diagnostic picture tests
 - The sticky eye: diagnostic picture tests

Urgent and Unscheduled Care

Please read around the following conditions and reflect on these in your e-portfolio

- Blunt eye injuries
- Sudden visual loss
 - Central retinal artery occlusion
 - Central retinal vein occlusion
 - Temporal (giant cell) arteritis
 - Vitreous haemorrhage
 - Retinal detachment
 - Optic neuritis
- The red eye
 - Ulcerative Keratitis
 - Orbital cellulitis
 - Acute closed angle glaucoma