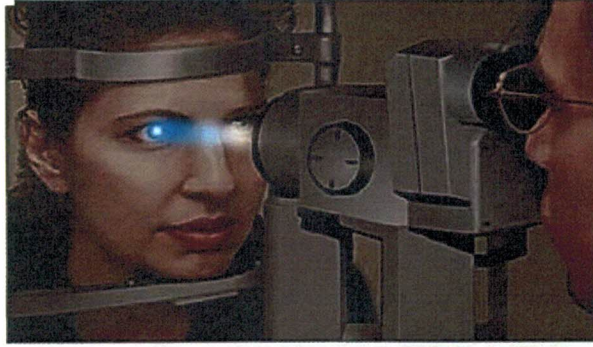


Basic Skills Qualification Slit Lamp Exam



A slitlamp is used to view the interior of the eye



Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The “Basic Skills Qualification” is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

Resident: _____

	Competent	Needs Work
Discusses indications & contraindications for the exam		
Dilates the pupils if appropriate. Positions the patient with chin in the chin rest and forehead against the head rest. Examiner position is in reach of the eye.		
Turns on power, focus the eyepiece, darken the room. Adjust the light source appropriately		
Describes a systematic exam of the eye including: -Lashes & lids, demonstrate eversion of the upper lid -Conjunctiva -Cornea with fluorescein -Anterior chamber -Iris and lens		
Demonstrates atraumatic removal of a corneal foreign body		
Discusses findings and appropriate aftercare.		

Faculty: _____

Date: _____

Describe when to use and not use the slit lamp

Demonstrate appropriate technique for the exam

The slit lamp is used to do a thorough exam of the eye to diagnose conditions such as corneal abrasions, keratitis, iritis, hyphema, and for foreign body removal. An incandescent light source passes through a condenser (the slit) and a lens, and the light is reflected by an inclined mirror onto the patient's eye. The intensity, height & width of the light beam can be adjusted to view different parts of the eye. Magnification of the observed structures can also be adjusted depending on the tissue being viewed.

Indications:

- Need for bright illumination or magnification to see anterior eye structures for trauma, red eye, foreign body sensation, UV light or chemical exposure to the eye. Same as for routine fluorescein exam
- When routine fluorescein exam is inconclusive
- Deep, large or central eye abrasions
- If foreign body removal is unsuccessful using standard fashion
- With suspected long-standing inflammation: iritis, ciliary blush, photophobia

Contraindications:

- Exposure to caustic chemicals - **needs copious irrigation 1st**, then slit lamp exam
- Uncooperative patient

Mandatory slit lamp exam, then referral to Ophthalmology:

- Suspected high velocity injury to eye
- Ruptured globe
- Infected FB
- Large metal FB with potential for rust ring
- Apparently deep or centrally imbedded FB

Equipment:

- Topical anesthetic 0.5% tetracaine or proparacaine
- Sterile fluorescein strips
- Isotonic ophthalmic irrigant (NS)
- Sterile cotton-tipped swabs

Procedure:

- Seat the patient comfortably with head in chin and head rest
- Sit comfortably to be able to reach the patient's eye and the eyepiece
- Turn on power and adjust eyepieces to 1x if wearing corrective lenses. Set intrapupillary distance. Change magnification as needed
- Move the light source and focus depth to view the eye
- Systematically view each structure of the eye

