

OHTS IOP Determination: IP

➤ **IOP is measured by two people**
 - the **OPERATOR** aligns the mires
 - the **RECORDER** reads the dial
 ➤ **Attach with the FV, CF or UN when a second IOP reading is done.**

Patient ID: 9

Date: / / 19
mm dd yy

≥ 1 Hour Repeat - IOP Determination
 (Use only if IOP goal is not met and the time limit from last dose is exceeded)

1.	Time of measurement <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 am <input type="checkbox"/> 2 pm	25	
2.	1st IOP	OD <input type="text"/> <input type="text"/> mm Hg	OS <input type="text"/> <input type="text"/> mm Hg	30
3.	2nd IOP	<input type="text"/> <input type="text"/> mm Hg	<input type="text"/> <input type="text"/> mm Hg	34
Are the 1st and 2nd IOP determinations less than or equal to 2 mm Hg apart?				
Yes: Enter their average on line 5.				
No: Take a 3rd reading and enter on line 4.				
4.	3rd IOP	<input type="text"/> <input type="text"/> mm Hg	<input type="text"/> <input type="text"/> mm Hg	38
➤ If a 3rd IOP is taken, enter the median (middle value) of 1st, 2nd, and 3rd IOP on line 5.				
5.	IOP Result	<input type="text"/> <input type="text"/> mm Hg	<input type="text"/> <input type="text"/> mm Hg	42
➤ Round to nearest whole number				
➤ Round up when decimal is .5 or greater				
Operator Certification <input type="text"/> <input type="text"/> <input type="text"/>		Recorder Certification <input type="text"/> <input type="text"/> <input type="text"/>		46
6.	Is IOP goal met on repeat measure?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not applicable	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not applicable	52
7.	Action taken (Check all that apply)			
a.	No change in medication, IOP goal is met.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	54
b.	No change, already on maximum meds.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	56
c.	Change in medication, IOP goal not met.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	58
d.	Change medication due to symptoms	<input type="checkbox"/> 1	<input type="checkbox"/> 1	60
		➤ Schedule return visit in 4 ± 2 weeks		
		➤ Complete Adverse Event Form		
e.	Change treatment regimen for other reason(s)..... describe: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	62
f.	Other action, describe: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	64