



THE COLLEGE OF
OPTOMETRISTS

Notice:

Please note that the sample scenarios provided below are purposed to showcase the developing content and the question layout of the Therapeutics Common Final Assessment in Independent Prescribing. The clinical content of the scenarios is drawn from legacy questions that have since been dismissed and have not been reviewed against the current Clinical Management Guidelines (CMGs), and therefore should not be used for revision purposes.

QUESTION SCENARIO

A 25-year-old man presents to you in your community practice with ocular irritation and some blurring of vision. He gives a history of DIY and was using a grinding tool earlier in the day. Slit lamp examination reveals a superficial corneal foreign body and no anterior chamber inflammation.

Which **one** of the following is the most appropriate next step?

- A Carefully remove the foreign body with an appropriate instrument (T)
- B Firmly pad the eye and send off with referral to general practitioner (F)
- C Prescribe g. hypromellose 0.3% and reassure the patient (F)
- D Prescribe g. chloramphenicol 0.5% two hourly for five days and reassure the patient (F)
- E Refer patient immediately for radiological investigation (F)

QUESTION SCENARIO

A 25-year-old man presents to you in your community practice with ocular irritation and some blurring of vision. He gives a history of DIY and was using a grinding tool earlier in the day. Slit lamp examination reveals a superficial corneal foreign body and no anterior chamber inflammation.

You successfully remove the foreign body leaving behind an epithelial defect and a small amount of rust. You advise the patient to return in two days for review.

Which **one** of the following pharmaceutical agents would you recommend in addition to the above management?

- A G. oxybuprocaine 0.4% four times a day for two days (F)
- B G. chloramphenicol 0.5% two hourly for two days (F)
- C Oc. chloramphenicol 1% four times a day for five days (T)
- D G. dexamethasone 0.1% with neomycin 0.35% four times a day for five days (F)
- E G. prednisolone 1% drops two hourly for five days (F)

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You successfully remove the foreign body leaving behind an epithelial defect and a small amount of rust. You advise the patient to return in two days for review.

When the patient returns in two days his eye is still irritable. On examination you notice there is a residual rust ring and there are some cells in the anterior chamber.

Which **one** of the following would be the most appropriate course of management?

- A Prescribe g. atropine 1% three times a day for one week and review patient (F)
- B Prescribe g. prednisolone 1% two hourly for five days and review patient (F)
- C Urgent referral to the local HES (T)
- D Remove the rust ring with an Alger Brush (F)
- E Continue with present treatment and review in one week (F)

QUESTION SCENARIO

A 55-year-old woman presents to community optometric practice with sore, gritty, red eyes which stream when she is outdoors in cold wind. This has occurred on and off for the last year. You suspect posterior blepharitis.

Which of the following **three** signs would you look for to support your diagnosis?

- A Circumcorneal injection (F)
- B Opaque, sticky discharge (F)
- C External hordeolum (F)
- D Foamy meibomian gland discharge (T)
- E Follicular reaction on tarsal conjunctiva (F)
- F Inferior corneal punctate staining (T)
- G Limbal infiltrate (F)
- H Madarosis (F)
- I Seborrhoeic dermatitis in scalp (F)
- J Superior limbic keratitis (F)
- K Unstable tear film (T)

QUESTION SCENARIO

A 55-year-old woman presents to community optometric practice with sore, gritty, red eyes which stream when she is outdoors in cold wind. This has occurred on and off for the last year. You suspect posterior blepharitis.

You recommend lid hygiene and a topical tear substitute and review the patient after three months. On return, despite compliance with lid hygiene and having also used topical antibiotics from her GP, she reports no improvement in her symptoms.

Which one of the following is the most appropriate management at this stage?

- A Prescribe oc. betamethasone with neomycin combination for three months (F)
- B Prescribe g. fluorometholone 0.1% three times daily for three months (F)
- C Prescribe oral doxycycline 100mg once daily for three months (T)
- D Prescribe oral oxytetracycline 500mg four times daily for three months (F)
- E Refer routinely to ophthalmologist (F)

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You decide to prescribe a three month course of oral doxycycline 100mg once daily.

Which **three** of the following common side-effects of doxycycline should you warn your patient about?

- A Acute anaphylaxis (F)
- B Change in mood (irritability/depression) (F)
- C Gastrointestinal symptoms (T)
- D Headaches (T)
- E Metallic taste (F)
- F Photosensitivity (T)
- G Renal impairment (F)
- H Shortness of breath (F)
- I Tingling in fingers and toes (F)

QUESTION SCENARIO

A 16-year-old boy is brought to your community optometric practice. He was struck in the right eye by a tennis ball four hours earlier. He has severe pain in the eye and loss of vision. His mother confirms that the vision of each eye was previously normal.

Which **three** of the following signs would you look for in order to check for an orbital floor fracture?

- A Anaesthesia of right cheek and side of nose (T)
- B Enophthalmos (T)
- C Hyphaema (F)
- D Iridodialysis (F)
- E Periorbital ecchymosis (F)
- F Proptosis (F)
- G Relative afferent papillary defect (right eye) (F)
- H Restricted eye movement (T)
- I Subconjunctival haemorrhage (F)
- J Vitreous haemorrhage (F)

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A 16-year-old boy is brought to your community optometric practice. He was struck in the right eye by a tennis ball four hours earlier. He has severe pain in the eye and loss of vision. His mother confirms that the vision of each eye was previously normal.

You observe a total hyphaema in the right eye. There is no enophthalmos and the eye moves normally. The intraocular pressure is 41mmHg.

Which **two** of the following would be the most appropriate management steps at this stage?

- A Emergency referral to ophthalmologist (T)
- B Prescribe g. cyclopentolate 1% three times daily (F)
- C Prescribe g. pilocarpine 2% three times daily (F)
- D Prescribe g. timolol 0.25% twice daily (F)
- E Prescribe oral acetazolamide 250mg four times daily (F)
- F Prescribe g. latanoprost 0.005% at night (F)
- G Prescribe oral paracetamol 1g six hourly (T)
- H Prescribe g. prednisolone 1% four times daily (F)

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You observe a total hyphaema in the right eye. There is no enophthalmos and the eye moves normally. The intraocular pressure is 41mmHg.

You have referred the patient as an emergency to the ophthalmologist.

Which **two** of the following are the ophthalmologist's most likely further management?

- A Prescribe g. atropine 1% eye drops (F)
- B Assessment including B-scan ultrasound (T)
- C Bed rest with double padding (F)
- D Emergency removal of lens (F)
- E Perform a paracentesis to lower IOP (F)
- F Perform washout of anterior chamber (F)
- G Prescribe intravenous acetazolamide (T)
- H Prescribe systemic prednisolone (F)

QUESTION SCENARIO

You have a diploma in glaucoma and work in a hospital glaucoma clinic. A 60-year-old white man has been referred by a community optometrist with raised intraocular pressures and no ocular symptoms. He drives for a living. He has a history of chronic obstructive pulmonary disease requiring long term systemic prednisolone. Intraocular pressures by Goldmann applanation tonometry are RE 35mmHg and LE 37mmHg. Anterior chamber depth is shallow and on gonioscopy you measure Shaffer grade 3 angle for all quadrants in both eyes.

Optic disc and visual field examinations are normal and you observe early posterior sub-capsular cataract.

Which **one** of the following options is the most appropriate immediate management?

- A Commence g.pilocarpine 2.0% QDS BE (F)
- B Commence g. latanoprost 0.005% nocte BE (T)
- C Commence oral acetazolamide 250mg BD (F)
- D Refer back to GP for alteration of prednisolone treatment (F)
- E Refer to ophthalmologist for laser peripheral iridotomies (F)

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Optic disc and visual field examinations are normal and you observe early posterior sub-capsular cataract.

You begin treatment with g. latanoprost 0.005% nocte. At the six week review IOPs are RE 24mmHg and LE 22mmHg. You arrange for a six month review. At the review, intraocular pressures remain at 24mmHg in the right eye and 22mmHg in the left eye. You observe early neural rim loss in the right eye and a corresponding visual field defect.

Which one of the following options is the most appropriate management?

- A Add g. brimonidine 0.2% BD BE (F)
- B Add g. brinzolamide 1% BD BE (T)
- C Add g. bimatoprost 0.01% nocte BE (F)
- D Review in six months (F)
- E Add g. pilocarpine 2% QDS BE (F)

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Optic disc and visual field examinations are normal and you observe early posterior sub-capsular cataract.

You begin treatment with g. latanoprost 0.005% nocte. At the six week review IOPs are RE 24mmHg and LE 22mmHg. You arrange for a six month review. At the review, intraocular pressures remain at 24mmHg in the right eye and 22mmHg in the left eye. You observe early neural rim loss in the right eye and a corresponding visual field defect.

You add g. brinzolamide 2% BD BE and six weeks later his intraocular pressure is reduced to 20mmHg in the right eye and 18mmHg in the left eye. You arrange for a six month review where he mentions decreased vision in both eyes and glare when driving at night. Visual acuities are recorded as 6/12 in each eye. You observe bilateral posterior sub-capsular and nuclear sclerotic cataract. You recheck gonioscopy and note grade 2 (Shaffer) angles.

Which one of the following options would be the most effective management?

- A Add g. brimonidine 0.2% BD RE (F)
- B Continue with current management (F)
- C Continue with current treatment but arrange for earlier review in three months (F)
- D Referral to ophthalmologist for cataract extraction (T)
- E Referral to ophthalmologist for laser peripheral iridotomies (F)

QUESTION SCENARIO

A 60-year-old white woman in good general health presents to your community practice with a sensation of burning and stinging in both eyes. Further questioning reveals that her symptoms have been present for several months. Visual acuities are 6/5 BE. An anterior eye examination shows hyperaemia of the lid margins, foaming of the tear film and a mild punctate epithelial disturbance over the inferior third of the cornea, and adjacent bulbar conjunctiva.

Which one of the following investigations would be most useful in establishing a diagnosis?

- A Checking corneal sensation (F)
- B Conjunctival swab (F)
- C Determination of tear break-up time (T)
- D Schirmer test (F)
- E Staining with Rose Bengal Lissamine green (F)

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Tear break-up time with fluorescein was recorded as 3-5s in both eyes.

Which one of the following is the most likely diagnosis?

- A Anterior blepharitis (F)
- B Infective conjunctivitis (F)
- C Keratoconjunctivitis sicca (F)
- D Marginal keratitis (F)
- E Posterior blepharitis (T)

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Tear break-up time with fluorescein was recorded as 3-5s in both eyes.

You diagnose posterior blepharitis.

Which one of the following is the most appropriate first line therapy?

- A Commence g. fusidic acid 1% BD BE (F)
- B Cool compresses (F)
- C Lid hygiene BD (T)
- D Commence g. hypromellose 0.3% QDS BE (F)
- E Commence g. fluorometholone 0.1% QDS BE (F)

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Tear break-up time with fluorescein was recorded as 3-5s in both eyes.

You diagnose posterior blepharitis.

The patient returns for her 3-month follow up appointment. She has carried out the suggested lid hygiene procedure morning and evening but her symptoms have only marginally improved. An ocular examination reveals a similar clinical picture to the initial presentation.

Which one of the following is the most appropriate next course of action?

- A Continue with lid hygiene (F)
- B Commence oral doxycycline 500mg OD (T)
- C Commence oral flucloxacillin 500mg QDS (F)
- D Commence g. fluometholone 0.1% QDS (F)
- E Commence g. betamethasone 0.1% bd BE (F)