HEALTHY EYES
HEALTHY PEOPLE
Diabetes Eye Exam Report

Wyoming Diabetes, Heart Disease & Stroke Prevention and Control Program

Your patient with diabetes was seen for their dilated fundus exam. The results are as follows.

General Information

Patient Name: _____ **Patient DOB:** _____ **Exam Date:** _____

To (primary care): _____

From (eye care): _____

Diabetes History and Information

Diabetes History:
- ☐ Type 1
- ☐ Type 2
- ☐ Gestational
- ☐ Impaired Glucose Tolerance

Current Diabetes Therapy:
- ☐ Insulin
- ☐ Oral Hypoglycemics
- ☐ Diet Control

Patient Reports: ☐ Good Control ☐ Fair Control ☐ Poor Control **A1C:** _____

Exam Findings

Presenting Symptoms: _____

General:
- ☐ Stable
- ☐ Changed
- ☐ Unknown
- ☐ Cataract
- ☐ Rubeosis
- ☐ Arteriolar Sclerosis
- ☐ Hypertensive Retinopathy
- ☐ Vein Occlusion
- ☐ Artery Occlusion
- ☐ Glaucoma

Fundus:
- ☐ Stable
- ☐ Changed
- ☐ Unknown
- ☐ No Diabetic Retinopathy
- ☐ Mild Nonproliferative
- ☐ Moderate Nonproliferative
- ☐ Severe Nonproliferative
- ☐ Proliferative
- ☐ Diabetic Macular Edema
- ☐ Previous Laser Therapy

Treatment:
- ☐ Continue Current Diabetes Care
- ☐ Referred for Diabetes Care
- ☐ Recommend Tighter Control
- ☐ Referred to Retinal Specialist

Additional Testing Recommended: ☐ FBS ☐ Cholesterol ☐ A1C ☐ Lipid Profile

Management: Return to Clinic in: _____ months

Additional Comments: _____

Diabetic Retinopathy Grading for the Clinician

The grading scale used for diabetic retinopathy (DR) is intended to be a practical and valide method of grading the severity of the disease process. Most previous methods of grading scales recognized the following abnormalities: hemorrhages, microaneurysms, hard exudates, soft exudates (cotton-wool patches), intraretinal macrovascular abnormalities (IRMA), venous beading (VB), new vessels <1 disk diameter from the optic nerve (NVD), new vessels elswhere (NVE), vitreous hemorrhages (VH), preretinal hemorrhages, and fiberous proliferations.

*Eyes with "no apparent DR" have less than 1% chance of progressing to proliferative retinopathy within four years.

*Eyes with "mild nonproliferative DR" have a 4.1% chance of progressing to proliferative retinopathy within four years in a young patient, an older patient has considerably less risk.

*Eyes with "moderate nonproliferative DR" include the ETDRS levels 35-47, which has a risk of progression within one year of 1.2% to 8.1%.

*Eyes with "severe nonproliferative DR" indicates a major increase in risk. Proliferative DR risk is 17% within one year and 40% within three years. The 4:2:1 rule is used to classify an eye that has reached this level. That is, severe hemorrhages in four quadrants, or VB in two quadrants, or IRMA in one quadrant.

It has been shown that the presence of hemorrhages and/or microaneurysms do not alone predict the risk of proliferative DR. Likewise, the presence of soft exudates or hard exudates do not help predict IRMA or VB. Therefore, it is very important to identify IRMA and/or VB to differentiate moderate from severe nonproliferative DR.

No apparent DR: No abnormalities
Mild nonproliferative DR: Microaneurysms only
Moderate nonproliferative DR: More than "mild" but less than "severe"
Severe nonproliferative DR: Any of the following: a) 20 or more intraretinal hemorrhages in foour quadrants; b) definite venous beading in two or more quadrants; or c) prominent IRMA in one or more quadrants and no noevascularization
Proliferative DR: One or more of the following: a) definite neovascularization; or b) preretinal or vitreous hemorrhage

Clinical Diabetic Macular Edema (DME) Disease Severity Scale
Severity Level: Findings on dilated ophthalmoscopy
DME absent: No retinal thickening or hard exudates present in the posterior pole
DME present: Some retinal thickening or hard exudates present in the posterior pole

If DME is present, it can be categorized as follows:
Mild DME: Some retinal thickening or hard exudates in the posterior pole, but distant from the center of the macula
Moderate DME: Retinal thickening or hard exudates approaching the center of the macula but not involving the center
Severe DME: Retinal thickening or hard exudates involving the center of the macula

This synopsis was compiled from the Early Treatment Diabetic Retinopathy Study Research Group (ETDRS) reports, the Wisconsin Epidemiologic Study of Diabetic Retinopathy (WESDR), and Medscape.

This form is a collaborative effort of the Wyoming Optometric Association and the Wyoming Diabetes, Heart Disease & Stroke Prevention and Control Program.