

Supporting glaucoma patients checklist

Does the patient understand or know:			
The name of their condition			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diagnosis uncertain but understand why? <input type="checkbox"/>	
What glaucoma is			
Pressure related <input type="checkbox"/>	Damage at back of eye (optic nerve) <input type="checkbox"/>	Progressive condition <input type="checkbox"/>	Lose side vision (visual field) first <input type="checkbox"/>
No symptoms until late <input type="checkbox"/>	Damage cannot be reversed <input type="checkbox"/>	Damage is preventable through treatment <input type="checkbox"/>	If not treated can cause loss of vision <input type="checkbox"/>
Treated by lowering pressure <input type="checkbox"/>	Most treated with drops <input type="checkbox"/>	Some treated with laser or surgery <input type="checkbox"/>	Many keep good vision with treatment <input type="checkbox"/>
Their own disease severity and risk for sight loss			
Low risk: OHT/suspect, mild glaucoma <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe or advanced <input type="checkbox"/>	Unstable <input type="checkbox"/>
Driving advice for their situation given <input type="checkbox"/>		Patients target IOP (if appropriate) <input type="checkbox"/>	
Clinics			
Importance of attending <input type="checkbox"/>	How often likely to need to attend <input type="checkbox"/>	How long they might need to attend (life long, few years, once or twice?) <input type="checkbox"/>	How long each visit usually takes <input type="checkbox"/>
What tests done (IOP, fields, scans or photos, slit lamp) <input type="checkbox"/>	Dilating drops and effects <input type="checkbox"/>	Specific contact details and how to get in touch if a problem e.g. drop side effects <input type="checkbox"/>	To chase up if delays or no appointment received with specific contact details <input type="checkbox"/>
Eye drops			
Name of drops <input type="checkbox"/>	How many times a day <input type="checkbox"/>	Must be put in regularly/ importance of compliance <input type="checkbox"/>	Advice on remembering or timetabling <input type="checkbox"/>
How to put in drops / technique <input type="checkbox"/>	Punctal pressure <input type="checkbox"/>	Compliance aids <input type="checkbox"/>	Are they confident putting drops in? <input type="checkbox"/>
Drop storage <input type="checkbox"/>	Expiry dates <input type="checkbox"/>	Repeat prescriptions <input type="checkbox"/>	Warned about side effects <input type="checkbox"/>

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Has the patient received:			
Written information on condition <input type="checkbox"/>	Written information on using drops & technique <input type="checkbox"/>	Information on other info sources e.g. IGA, RNIB <input type="checkbox"/>	Written information on compliance aids (if required) <input type="checkbox"/>
Has the patient received:			
Live demo of drop technique <input type="checkbox"/>	Video demo of drop technique <input type="checkbox"/>	Demo of compliance aids if required <input type="checkbox"/>	Observation and advice on their own drop technique <input type="checkbox"/>
Does the patient understand:			
When the next appointment should be <input type="checkbox"/>	How they will be contacted about the next appointment (letter, phone, email) <input type="checkbox"/>		