

Elementary + Secondary  
Medical Records

7/7/78

PEDIATRIC OPHTHALMOLOGY REPORT

The following students are those that need glasses. I have found that most of the children that have behavioral problems also have visual problems. Most of the Baisey children have visual problems. Mark and Issac Rhodes both have bad vision. However so does their mother. The following are definitions describing the different problems entailed.

Exophoria- Abnormal turning of one or both eyes outward.

Esophoria- Abnormal turning of one or both eyes inward.

Strabismus- Lack of muscular coordination

Visual acuity\*- chart test, normal vision 20/20

Visual Fields- The space within which an object can be seen while the eye remains fixed on some one point.

Cupping- an early sign of glaucoma (increased intraocular pressure)

Bilat- In both

The following are a list of children and their various problems;

Wanda Baisey. The Dr's in the states told her mother that she had a retinal or optic nerve disease which will cause her to go blind. Her visual acuity is 20/100 bilat. However it changes at times. Her visual fields are greatly decreased, she now has tunnel vision. Upon examination I nor Dr. Schacht found any optic nerve or retinal disease. However we still have to do a more thorough exam. The Dr. in the states also that Wanda is to wear sunglasses at all times. Since she has been here she has never worn the glasses. I recently gave her a pair to wear. Her visual acuity has decreased greatly since she has been here. We have not yet decided what we are going to do about Wanda. We need an ophthalmologist's consultation.

C-12-C-2

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Raymond McKnight was found to be blind in his right eye. The cause not really known. We think it may be due to a fall he had from an examining table at 6 weeks old. From the fall he obtained a skull fracture. His retina appears to be degenerating. After consultation with Tom Grubbs we found Raymond to be oriented to the right hand and foot. In order to keep Raymond from having more coordination problems and mental confusion she will have to be trained to use his ~~right~~ left hand and feet. I feel that his present coordination problems may be due to his left eyed and right handedness. I have talked with Tom on various way of going about this. We should have an ophthalmologists consultation.

Mark Rhodes A child with many behavioral problems has a significant eye problem. He has cupping in his eyes. This was also noted in his mother's eyes. Issac also has been found to have a bad visual problem. Mark's visual acuity is 20/50, 20/40

Issac Rhodes Visual acuity 20/400 Bilat. His visual fields are greatly constricted.

Derrick Walker Visual acuity 20/100. -20/35 with decreased visual fields. Exophoria noted on convergence (looking cross-eyed)

Alfreda March Visual acuity 20/100 bilat. She was born nearsighted.

Alfred March Also born nearsighted. His last pair of glasses were obtained in GT. They were sent in to get repaired and were lost there.

Teresa Cordell Visual acuity 20/50, 29/100 Her last pair glasses were lost in the states.

Judy Houston Visual acuity 20/20, 20/800 with glasses. Her present glasses are badly scratched and the prescription is too old.

Lawrence Visual acuity 20/50 20/40 He also has muscle weakness

Ronald Campbell Visual acuity 20/40, 20/50

C-12-c-2a

Tina eamp Christian 20/40, bilat. with glasses. 20/50 bilat without glasses. Her present glasses are not strong enough.

Trinadette Baisey Visual acuity 20/40 bilat. Visual fields greatly decreased Intermittent exo and esophoria noted bilaterally

Julie Runnels Visual acuity 20/50 bilat. Medial Rectus muscles unable to work simultaneously (pt. unable to look cross eyed)

James Baisey Visual acuity 20/30 bilat. Slight esophoria noted

Betty J. Gill Visual acuity 20/40 bilat. Strabismus noted in the left eye with exophoria. Visual fields decreased greatly.

Loretha Buckley Visual acuity 20/30. 20/50 Visual fields greatly decreased.

Joyce McIntyre Visual acuity 20/30, 20/25

Anita March visual acuity 20/25, 20/30

Dominique Gardfrey Visual acuity 20/50, 20/40

Kecia Baisey Visual acuity 20/30 bilat. Strabismus noted in the right eye to be exotropic. C up ping also noted bilat. Present glasses were lost in route to

Guyana.

Sonya Evans Visual acuity 20/30 Bilat. Strabismus noted to be esophoria

<sup>Chris Buckley Chris Buckles</sup>  
Derrick Buchanan Visual acuity 20/30 bilat. Slight strabismus noted to be esophoria

Derrick Johnson Visual acuity 20/30 bilat Present glasses lost

Glenell Johnson Visual acuity 20/40 bilat

Shiron Johnson Visual acuity 20/35, 20/30

Stephannie Smith Visual acuity 20/75, 20/35 With decreased visual fields.

Kim Rochelle Visual acuity 20/35 bilat with esophoria noted

Thanny Garcia Found to have strabismus in her left eye. there is a slight decrease in the visual acuity in that eye. Strabismus in uncorrected will cause blindness in that eye. I think tiffany should see an ophthamologist.

The treatment for strabismus is surgery.

C-12-c-2b

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<u>NAME</u>	<u>AGE</u>	<u>PARENT</u>
Derrick Johnson	8	Ira Johnson
Glenell Johnson	7	Patsy Johnson
Shiron Jonhson	11	Patsy Johnson
Stephannie Smith	13	Barbara Smith
Kim Rochelle	11	Wanda-B
Wanda Baisey	14	Shirley Baisey

\*\*\*This lis is as of 7/7/78 I would imagine that this list will groww daily.

THAND DAD,

CorlisD Boutte



C-12-c-2d

TO: AVA JONES

FROM: JUDY IAJMES

RE: SCHEDULE, DUTIES, HEALTH CARE OF JUNIOR HIGH AND HIGH SCHOOL

*Medical Records*

I have been assigned as the practitioner for the junior high school and high school students. My duties related to them are as follows;

1. Responsibility for following the health and progress of these students.
2. To do complete physical examinations on all of these students at least once a year hopefully twice.
3. After seeing each student it will be my responsibility to refer them to the appropriate people for exams in their special area, i.e., Shanda for dental check up, Corlis for eye exam, to Sharon, Joyce or Larry for problems which need further evaluation. I also will be responsible to see that this is followed up.
4. Weekly body checks of the junior high students for sores, athletes foot, lice, etc. and problems that might otherwise go undetected and untreated for long periods of time.
5. To do weekly weights on all students and watch for weight loss or excessive gain and present to the diet committee (of which I am a member) for appropriate diet therapy.
6. To do specific treatments not done in the nurses office, i.e. ear treatments, wound treatments, etc.
7. To give all immunizations required

C-12-c-3

Routine schedule as follows:

6:30 - 8:30 review charts of the patients being  
seen that day  
7:30 - 12:00 physical exams & write up, special  
treatments  
12:00 - 12:30 Lunch  
12:30 - 2:00 Follow up on problems  
2:00 - 4:00 Meeting or class time  
4:00 - 5:00 Break  
5:00 - 6:30 Study material involved in Practitioner  
course

Variations from this schedule:

Monday - weigh high school girls 7:00p - 9:00p  
Tuesday - Medical staff meeting 2:00 - 4:00  
Wednesday - Practitioner class with Joyce and Sharon 2:00 - 4:00  
Thursday - 10:30 - 1:00 Supervising nurse in nurses office  
Friday - Peer review with Larry  
Saturday - Check Jr. High School weights and body check 1:00  
4:00 Break 4:00 - 6:00 Supervising Nurse in  
nurses office 6:00 - 10:00  
Sunday -  $\frac{1}{2}$  Day Morning used for follow up and paper work  
Monday - Supervising nurse in nurses office from 6:30a- 10:00p  
with a break from 11:00-2:00