TOPICAL SERUM FOR THE TREATMENT OF INDOLENT CORNEAL ULCERATION IN DOGS

WEEKLY CHECKLIST

VISIT 1

Please ensure that:
- Patient meets inclusion criteria
- Owner completes and returns attached consent form
- Owner receives 2 bags of medications
- Drug # is recorded on attached data collection form
- Owners are instructed regarding medication use and storage
- Recheck appointment is scheduled for one week
- Attached data collection form is filled out for this visit

VISIT 2

Please ensure that:
- Attached data collection form is filled out for this visit
- If the corneal ulcer is still present...
  - Medication instructions are reviewed with owner
  - Recheck appointment is scheduled for one week

VISIT 3

Please ensure that:
- Attached data collection form is filled out for this visit
- If the corneal ulcer is still present...
  - Medication instructions are reviewed with owner
  - Recheck appointment is scheduled for one week

VISIT 4

Please ensure that:
- Attached data collection form is filled out for this visit
- If the corneal ulcer is still present...
  - Medication instructions are reviewed with owner
  - Recheck appointment is scheduled for one week

VISIT 5

Please ensure that:
- Attached data collection form is filled out for this visit
- Data collection and signed consent forms are stored for mailing to UCD

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PLEASE WRITE STUDY DRUG (FROM BAG LABEL) NUMBER HERE:

DOG & OWNER NAME: ________________________________

SIGNALMENT:

AGE: ________ years
SEX: M ☐ F ☐
NEUTER STATUS: INTACT ☐ SPAYED/NEUTERED ☐
BREED: _______________________________________

HISTORY:

DURATION OF CLINICAL SIGNS: ______________________________
DATE OF FIRST EVALUATION BY RDVM: _____________________________

CURRENT MEDICATION(S)? NO ☐ YES ☐
If yes, please specify medication, frequency, and duration of administration:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

NOTE: PREVIOUS TREATMENT WITH TOPICAL SERUM IS AN EXCLUSION CRITERION FOR THIS STUDY.
PREVIOUS PROCEDURES FOR INDOLENT ULCER (debridement, grid keratotomy, etc.)? NO □ YES □
If yes, please specify: ________________________________________________________________

NOTE: PREVIOUS GRID KERATOTOMY FOR THIS ULCER IS AN EXCLUSION CRITERION FOR THIS STUDY.

CONCURRENT SYSTEMIC DISEASES? NO □ YES □
If yes, please specify: ________________________________________________________________

CONCURRENT OR PREVIOUS OCULAR DISEASE? NO □ YES □
If yes, please specify: ________________________________________________________________

NOTE: CONCURRENT KCS IN THE AFFECTED EYE IS AN EXCLUSION CRITERION FOR THIS STUDY.
EXAMINATION DATE: _______________

EYE AFFECTED: OD ☐ OS ☐

OPHTHALMIC FINDINGS:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

CORNEAL ULCER FEATURES:

For the presenting examination and all subsequent re-evaluations, please diagram the approximate dimensions of the indolent corneal ulceration both prior to AND following blunt debridement. Please also diagram any corneal vascularization that is present at the time of examination.

PROCEDURES PERFORMED:
(Note: Grid may not be done at this visit)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

PRE-DEBRIDEMENT

POST-DEBRIDEMENT
EXAMINATION #2

EXAMINATION DATE: _________________________

EYE AFFECTED: OD □ OS □

WERE MEDICATIONS GIVEN AS PRESCRIBED? NO □ YES □
If not, why not?
______________________________________________________________________
______________________________________________________________________

OPHTHALMIC FINDINGS:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

CORNEAL ULCER FEATURES:

For the presenting examination and all subsequent re-evaluations, please diagram the approximate dimensions of the indolent corneal ulceration both prior to AND following blunt debridement. Please also diagram any corneal vascularization that is present at the time of examination.

PRE-DEBRIDEMENT

N  T

POST-DEBRIDEMENT

N  T

PROCEDURES PERFORMED:
(Note: Grid should be done at this visit).
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
EXAMINATION DATE: _________________________

EYE AFFECTED: OD □ OS □

WERE MEDICATIONS GIVEN AS PRESCRIBED? NO □ YES □
If not, why not?
______________________________________________________________________
______________________________________________________________________

OPHTHALMIC FINDINGS:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

CORNEAL ULCER FEATURES:
For the presenting examination and all subsequent re-evaluations, please diagram the approximate dimensions of the indolent corneal ulceration both prior to AND following blunt debridement. Please also diagram any corneal vascularization that is present at the time of examination.

PROCEDURES PERFORMED:
(Note: Grid should be done at this visit).
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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EXAMINATION #4

EXAMINATION DATE: _________________________

EYE AFFECTED: OD ☐  OS ☐

WERE MEDICATIONS GIVEN AS PRESCRIBED? NO ☐ YES ☐
If not, why not?
______________________________________________________________________
______________________________________________________________________

OPHTHALMIC FINDINGS:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

CORNEAL ULCER FEATURES:

For the presenting examination and all subsequent re-evaluations, please diagram the approximate dimensions of the indolent corneal ulceration both prior to AND following blunt debridement. Please also diagram any corneal vascularization that is present at the time of examination.

PRE-DEBRIDEMENT

N T

POST-DEBRIDEMENT

N T

PROCEDURES PERFORMED:
(Note: Grid should be done at this visit).
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
EXAMINATION #5 (FINAL)

EXAMINATION DATE: _________________________

EYE AFFECTED: OD ☐ OS ☐

WERE MEDICATIONS GIVEN AS PRESCRIBED? NO ☐ YES ☐
If not, why not?
______________________________________________________________________
______________________________________________________________________

OPHTHALMIC FINDINGS:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

CORNEAL ULCER FEATURES:

For the presenting examination and all subsequent re-evaluations, please diagram the approximate dimensions of the indolent corneal ulceration both prior to AND following blunt debridement. Please also diagram any corneal vascularization that is present at the time of examination.

PRE-DEBRIDEMENT

N T

POST-DEBRIDEMENT

N T

PROCEDURES PERFORMED:
(Note: Grid should be done at this visit)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**IF ULCER PERSISTS FOLLOWING THIS EXAMINATION, THE STUDY PERIOD HAS EXPIRED AND THE ULCER CAN BE TREATED AT YOUR DISCRETION**