

I am more reassured knowing that many of our physical assessment findings are very similar this is a great finding because the content that we are learning in class is reaching. I can see how using descriptive words such as a slight as oppose to only saying photophobia would make a difference in testing and all aspects of plan of care. Symptoms such as the feeling of gritty is indicative of corneal abrasion which was one of your differential diagnoses as opposed to allergic conjunctivitis.

Other specific physical findings while subjective they provide us with the certainty that the patient is experiencing it. His visual acuity was intact at 20/20 uncorrected, assist in determining a differential diagnosis and to exclude allergic rhinitis to give an example.

Our primary care patient presented with several signs and symptoms positive for allergic conjunctivitis and corneal abrasions that are typically present such as symptoms of foreign body sensation, tearing, and sensitivity to light such as itching eyes with a sense of feeling sand or gritty on the external surface of the eye (Pflipsen, Massaquoi & Wolf, 2016).

Corneal abrasions comprise 8 percent of all eye presentations in primary care, and are among the most common eye conditions seen in emergency departments. As you explained in your tests and management of the chief complaint a wood lamp will provide us with a diagnosis of fungal or bacterial conditions as well as disorders of the skin such as vitiligo and pigment related disorders.

I learned from your discussion that a fluorescein test is use for determining if an abrasion is present in the eye especially the corneal aspect of it, this is achieved by infusing the eye with an