

DRY EYE PROGRAM FLOW CHART

DRY EYE QUESTIONNAIRE POSITIVE NEGATIVE > NEUROPATHIC **Ocular Surface Disease? Ocular Surface Disease?** Overnight gel referral for pain management [+]Follow up when necessary I-PEN® **NORMAL** Return to clinic 12 mo I-PEN® + Ocular Surface Staining + Keratograph + Meibography PRECLINICAL DED ----**MILD MODERATE** I-DROP® PUR I-DROP® PUR GEL Twice/day I-DROP® PUR I-VU® OMEGA-3 Every morning Follow up when necessary Twice/day I-RELIEF™ Every bedtime I-VU® OMEGA-3 Environmental Cleaning/Debridment x2 Follow up when necessary Every morning I-LID 'N LASH® Every bedtime Return to Clinic 12 mo I-RELIEF™ **EVAPORATED/** Lidwiper Epitheliopathy Assessment Every bedtime/OPT **MGD** Intense Regulated Pulsed Light if severe Environmental Follow up cleaning/debridment 2 wks Follow up 3 mo Follow up DED 3 mo I-PEN® at follow up Return to clinic 12 mo Combine treatment and **MIXED** Severe Ocular Surface Disease I-DROP® PUR GEL Three/day + Amniotic Membrane / Scleral Cyclosporin or Lifitegrast Lenses / Overnight Gel / Autologous Steroids twice/day 14D Serum / Investigate Sjögrens and

Systemic Etiology / Co-Manage

AQUEOUS

DEFICIENCY

Overnight gel every bedtime 14D

Follow up DED 14D

Intraocular Pressure and I-PEN® at follow up Follow up DED 3 mo Return to clinic 12 mo