(b) note in the patient record the name/type, amount/volume, dose, treatment eye and refills (if any) of therapeutic pharmaceutical agent prescribed;

(c) instruct the patient on the correct use of the therapeutic pharmaceutical agent including precautionary procedures and non-pharmacological management;

(d) monitor and modify as necessary the prescribed treatment regimen; and

(e) follow up with the patient until the condition being treated is resolved.

2 In determining the most appropriate therapeutic pharmaceutical agent and delivery method, the registrant must consider microbiological, pharmacological, systemic, ocular and drug substitution factors.

3 A registrant may issue a prescription for a therapeutic pharmaceutical agent in writing or by verbal direction to a pharmacist.

1.2.11 ANTI-GLAUCOMA MEDICATION PRESCRIBING

1 A Therapeutic Qualified Registrant who prescribes anti-glaucoma medications must:

(a) have immediate access to, and be competent in the use of:

1) a Goldmann type applanation tonometer;

2) an anterior chamber goniolens;

3) a stereo slit lamp biomicroscope with contact or non-contact lens;

4) a standard Humphrey type automated threshold visual field analyzer;

5) a corneal pachymeter; and

(b) have access to, and be competent in the interpretation of information from, any one of:

1) a tomographer;

2) a stereo fundus camera; and

3) a sphygmomanometer.

2 A Therapeutic Qualified Registrant who prescribes anti-glaucoma medications may, in accordance to a medical standard, monitor, manage and/or treat glaucoma or suspected glaucoma provided it is within their competence to do so:

3 If a registrant monitors, manages or treats a glaucoma or suspected glaucoma patient in the registrant must:

(a) not prescribe an anti-glaucoma medication to a patient who is under the age of 30 except in the case of steroid induced glaucoma;

(b) refer the patient to an ophthalmologist if the patient is not responding to topical therapy;

(c) have a working relationship with an ophthalmologist who is accessible for consultation, referral, regular communication, collaboration and transfer of care when a patient is referred. The communication, consultation, reporting and referral schedule must be considered on a case-by-case basis by the optometrist and the ophthalmologist who share in the care of the glaucoma patient;

(d) be available, or assign a Therapeutic Qualified Registrant able to meet all requirements of these Standards, Limits and Conditions for Practice to be available, to a glaucoma or suspected glaucoma patient 24 hours a day seven days a week by phone or other electronic means;

(e) be knowledgeable about anti-glaucoma topical medications, including the latest available anti-glaucoma topical medications, their side effects and potential adverse events, and their indications and contraindications.

(f) work-up and follow-up glaucoma patients to a medical standard;

(g) maintain a written record of:

1) patient history (ocular, medical and family);

2) identifiable glaucoma risk factors; and

3) the treatment plan, targets and progress; and

(h) provide a copy of the written record to the co-managing ophthalmologist:

1) at any time requested by the ophthalmologist; and

2) if there is a change in the treatment plan or clinically significant change in the patient's status.

Note: Registrants are expected to stay current with the standards for glaucoma care.

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1.2.12 LABORATORY TESTS

1 Registrants who order laboratory tests are responsible for follow-up care related to the information obtained from the tests.

2 Copies of laboratory tests ordered by registrants must be sent to the patient's family doctor, if known.

1.2.13 REFERRAL

1 In any case where a registrant determines that:

(a) he or she does not have the equipment needed to examine a patient to the extent called for by the circumstances; or

(b) the patient requires or may benefit from treatment by a health professional other than an optometrist,