

Central Mersey DRSS Slit-Lamp BIO Grading Form

Patient's Name		
NHS Number		
GP		
Date of Birth		
SL BIO Grader		
Right	Grading	Left
	R0 – None	
<input type="checkbox"/>	No retinopathy	<input type="checkbox"/>
	R1 – Background	
<input type="checkbox"/>	Microaneurysm(s) or small retinal haemorrhages	<input type="checkbox"/>
<input type="checkbox"/>	Any exudates outside the arcades	<input type="checkbox"/>
	R2 - Pre-proliferative	
<input type="checkbox"/>	Venous beading, loop or reduplication	<input type="checkbox"/>
<input type="checkbox"/>	Intraretinal microvascular abnormality (IMRA)	<input type="checkbox"/>
<input type="checkbox"/>	Multiple large, deep and round haemorrhages (> =3 in number)	<input type="checkbox"/>
<input type="checkbox"/>	Multiple CWS(only if in association with above features)	<input type="checkbox"/>
	R3 – Proliferative	
<input type="checkbox"/>	New vessels on disc (NVD)	<input type="checkbox"/>
<input type="checkbox"/>	New vessels elsewhere (NVE)	<input type="checkbox"/>
<input type="checkbox"/>	Pre-retinal or vitreous haemorrhage	<input type="checkbox"/>
<input type="checkbox"/>	Pre-retinal fibrosis +/- tractional retinal detachment	<input type="checkbox"/>
	M0 - No Maculopathy	
<input type="checkbox"/>	No Maculopathy	<input type="checkbox"/>
	M1 – Maculopathy	
<input type="checkbox"/>	Exudate within 1 disc diameter (DD) of the centre of the fovea	<input type="checkbox"/>
<input type="checkbox"/>	Circinate or group of exudates within the macula	<input type="checkbox"/>
<input type="checkbox"/>	Any microaneurysm or haemorrhage within 1DD of the centre of the fovea ONLY if associated with a best VA of 6/12 or worse	<input type="checkbox"/>
	P0 – None	
<input type="checkbox"/>	No photocoagulation	<input type="checkbox"/>
	P – Photocoagulation	
<input type="checkbox"/>	Focal/grid to macula	<input type="checkbox"/>
<input type="checkbox"/>	Peripheral scatter	<input type="checkbox"/>
	VA	
Annual Review		<input type="checkbox"/>
Requires urgent referral for Retinopathy (R3)		<input type="checkbox"/>
Requires routine referral for Retinopathy (R2 or M1)		<input type="checkbox"/>
I have advised the patient to go for a sight test		<input type="checkbox"/>
Comments		
Date:		