Eyes Management Clinical Practice Standard

1. Purpose

The purpose of this policy is to establish minimum practice standards for eye care and management throughout the WA Country Health Service (WACHS).

Removing unwanted variation in clinical practice and following best practice guidelines has been found to reduce inappropriate care (overuse, misuse and underuse) thus improving health outcomes, reducing preventable harm and decreasing wastage.

The WACHS endorses for use the NSW Department of Health Eye Emergency Manual[1] and the Queensland Health Primary Clinical Care Manual - 10th edition[2] as evidence based recommended practice for use by Medical, Nursing, Midwifery and Allied Health staff.

Further information relating to specialty areas including Child and Adolescent Health Service (CAHS), Child and Adolescent Community Health (CACH), and Women and Newborn Health Services (WHNS) can be found via HealthPoint including:

- Princes Margaret Hospital Emergency Department Guidelines on Eye Examination and Eye Trauma.
- Child and Adolescent Community Health Vision Guideline.

The WACHS Population Health manages the Western Australia Trachoma Program, aimed at improving the identification, treatment and prevention of trachoma and trichiasis. Further information can be found on the WACHS Population Health trachoma intranet page.

2. Scope

All medical, nursing, midwifery and allied health staff employed within the WACHS.

All health care professionals are to work within their scope of practice appropriate to their level of training and responsibility. Further information may be found via HealthPoint or the Australian Health Practitioner Regulation Agency.

3. Procedural Information

Instruction on the administration of eye drops can be found in the NSW Department of Health Eye Emergency Manual

Appendix 1 Eye Irrigation

Appendix 2 Eye Cleansing

Appendix 3 Eye Pad and Bandaging

Appendix 4 Removal of Contact Lenses

Appendix 5 Insertion and Removal of Ophthalmic Prosthesis

4. Considerations

- Never force eyelids open - refer to Nurse Practitioner or Medical Officer.
- The clinician administering eye irrigation is to remain with the patient throughout the procedure.
- For chemical burns to the eye ensure the irrigation fluid does not flow onto other skin surfaces.
- When administering eye medication a non-touch technique is to be used at all times to avoid the risk of trauma and cross infection.
- Medicated eye drops must be stored according to manufacturer instructions.
- If a patient is prescribed more than one eye medication, allow a 3-5 minute interval between each medication instillation (into the same eye).
- Maintain standard precautions at all times including the use of personal protective equipment.

5. General Information

Eye care may be necessary to:

- Relieve pain and discomfort
- Prevent or treat infection
- Prevent or treat injury to the eye
- Detect disease
- Prevent damage to the cornea in sedated or unconscious patients
- Maintain contact lenses and care for false eye prostheses
- Provide education, health and safety advice to patient/carer/significant other[3]

6. Ophthalmological Emergencies

Initial triage eye assessment

Common presentations to Emergency Departments (ED) include:

- Eyelid laceration
- Ocular trauma blunt and sharp (penetrating)
- Corneal foreign body
- Chemical burns
- Flash burns
- Corneal abrasion
- Hyphema
- Thermal burns
- Glaucoma
- Conjunctivitis
- Uveitis
- Retinal Detachment

Refer to the NSW Department of Health Eye Emergency Manual and/ or the Queensland Health Primary Care Clinical Manual 10th Edition. The resources provide a quick and simple guide to recognising important signs and symptoms, and management of common eye emergencies.

Note: QLD Primary Care Clinical Manual's 'Eye Problems' section is in Section 4: General.

All patients are to be assessed on arrival to WACHS health care facilities according to the Australasian Triage Scale (ATS) guidelines. Refer to the WACHS Assessment and Management in the Emergency Department Clinical Practice Standard.

Triage clinical descriptors relating to eye emergencies are listed below.

Note: This is not an exhaustive list; advice should be sought for any other concern relating to the safety of a patient.

ATS Category 1 (immediate)
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ATS Category 2 (10 minutes)
• Penetrating eye injury. • Chemical injury (acid or alkali splash to eye) – requiring irrigation. • Sudden loss of vision or pain with or without injury. • Sudden onset of pain, blurred vision AND red eye. • Suspected edopthalmitis post eye procedure (post cataract, post intravitreal injection.
ATS Category 3 (30 minutes)
• Sudden abnormal vision with or without injury. • Moderate eye pain e.g. blunt eye injury, flash burns, foreign body.
ATS Category 4 (60 minutes)
• Eye Inflammation or foreign body with normal vision.
ATS Category 5 (120 minutes)
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Comprehensive eye assessment

Document history and findings in the WACHS MR1 Emergency Department Notes including:

- When, how and where it happened
- Which eye is injured/affected
- What are the associated symptoms

Perform and document:

- A pain score, administration of analgesia as prescribed by the Medical Officer, and its effect
- A visual inspection of the structures e.g. eyelids, lashes, eyebrow, supporting bony structure
- A visual inspection of other presentations e.g. bruising, discharge, swelling, deformity

If the patient is able to open the eye:

- Note redness, presence of blood, pupil shape and size[4]
- Assess pupillary function and record the eye's reaction to light[1]
- Inspect the integrity of the cornea, iris and conjunctiva[1,4]
- Assess eye movements - movement right to left to right and up-down movement[5]
- Control haemorrhage around the eye, however do not place pressure on the eyeball itself[4]

- Check if the patient wears contact lenses. Document their presence. Remove as required[4]
- Assess visual acuity using a Snellen's Chart. Test the injured eye first and then the other[1]. Patients should be examined whilst using their current lens if not possible consider use of pin hole device to establish whether visual acuity changes are accommodation based[6]
- Assess any other vision related complaints e.g. shadows, flashes or blurriness
- Protect eye from rubbing or pressure by placing pad or plastic shield over injured eye.[1]

7. Patient Discharge Education

WA Department of Health Emergency Discharge Information Sheets describing common eye emergencies (adult - corneal burns and corneal foreign body) should be considered when providing discharge information to patients.

Clinicians should aim for self-medication, taking into account the patient's state of well-being. If patient is not able to instil own eye medications, the following aides may be considered:

- Plastic moulds from eyeglass frames
- An angulated dispensing tube
- A modified cone with a hole on the top to accommodate the bottle
- Mirrored positioning aides.

The administration of eye medications should occur in the following order: Clear drops; "Milky" drops; Ointments/emollients. More than one eye medication requires 3-5 mins between each instillation (into the same eye)

Instruction on the administration of eye drops can be found in the NSW Department of Health Eye Emergency Manual.

General information

- The patient is aware of when and how to instil the drops/ointment safely, and the storage requirements according to manufacturer instructions
- The patient education has included instruction on self-medication
- The patient has a follow-up appointment
- The patient avoids heavy lifting until a Medical Officer/Nurse Practitioner review depending upon injury/complaint

Wound dressing

- Observe wound site for an increase in: discharge, bleeding, redness, swelling and tenderness
- Report any changes (including increased pain) to Clinician or GP if outside clinic appointment
- Remove dressing post procedure as instructed by the Clinician if day surgery patient

Medications

- Caution should be taken regarding ocular medications as they may have systemic side effects
- Inform the patient of the action and possible side effects of the medications used which include:
    - Headaches
    - Lack of focus
    - Dryness
    - Irritation
    - Allergy
    - Shortness of breath
    - Disorientation and/or hallucinations
    - Mental confusion

8. Patient Monitoring

An individualised management plan is to be documented in the patient's health records as soon as practicable, and in relation to the specific requirements for clinical risk prevention and management. At a minimum, the plan must consider:

- patient history and presence of comorbidities
- diagnosis and treatments for clinical conditions
- medications, psychosocial and cultural factors that could influence patient monitoring
- frequency and type of specific observations
- site requirements, patient education and consent e.g. any restrictions to interventions associated with Goals of Patient Care or Advance Health Directives (AHD)/care planning.

9. Clinical Communication

Clinical Handover

Information exchange is to adhere to MP0095 Clinical Handover Policy using the iSoBAR framework.

Critical Information

Critical information, concerns or risks about a consumer are communicated in a timely manner to clinicians who can make decisions about the care.

Documentation

Failure to accurately and legibly record and understand what is recorded in patient health records contribute to a decrease in the quality and safety of patient care.

Refer to WACHS Documentation CPS.

10. Compliance Monitoring

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

11. Records Management

WACHS Health Record Management Policy

12. Relevant Legislation

Pharmacy Act 2010 (WA)
Medicines and Poisons Act 2014 (WA)
Medicines and Poisons Regulations 2016 (WA)

13. Relevant Standards

National Safety and Quality Health Service (NSQHS) Standards

Clinical Governance for Health Service Organisations Standard: 1.7 and 1.27

14. Related WA Health System Policies

MP0095 Clinical Handover Policy
MP0122/19 Clinical Incident Management Policy
MP0086/18 Recognising and Responding to Acute Deterioration Policy
OD0657/16 WA Health Consent to Treatment Policy

15. Relevant documents

CAHS Vision Guideline
WACHS Assessment and Management in the Emergency Department Clinical Practice Standard
MR1 WACHS Emergency Department Notes
WACHS Patient Identification Policy
WACHS Waste Management Policy

16. WA Health Policy Framework

Clinical Governance Safety and Quality

17. Acknowledgement

Acknowledgment is made of the previous SMHS / WACHS site endorsed work used to compile this Eyes Management Clinical Practice Standard.

18. References

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19. Definitions

Carer	Carers provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged (Carers Australia, 2015)
Patient	A person who is receiving care in a health service organisation.
Direct supervision	Direct supervision is considered to be in the company of a registered nurse (RN) or medical practitioner or visually via an emergency tele-health service

20. Appendices

This document can be made available in alternative formats on request for a person with a disability

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Appendix 1: Eye Irrigation

General Information

Irrigation of the eye is performed to:

- remove foreign particles or corrosive solutions from conjunctival sac
- to flush away excessive secretions
- to cleanse the eye

Equipment Required

- Kidney dish and protective sheet
- Solution: sodium chloride 0.9%/ Hartmann's solution and IV administration set
- Sterile cotton swabs and tissues
- Local anaesthetic eye drop as prescribed
- Optional - Morgan's Lens (site specific) - aids prolonged irrigation.

Pre-procedure

- To prevent foreign matter entering the eyes during the procedure adhesive tape can be used to lift glass and debris from the face
- Prepare irrigation fluid by connecting irrigation fluid prescribed to administration set, prime line, connect fluid bag to IV pole and ensure easy access to patient. Administer at room temperature
- Check if patient wears contact lenses and, if so, removed before commencing irrigation
- local anaesthetic drops may be administered as prescribed after Step 2 of the procedure (Instilling the drop at this stage will ensure they work before commencing the irrigation). Anaesthetic drops can be repeated/given if necessary during the irrigation if needed or if procedure becomes uncomfortable or patient is non-compliant with irrigation

Procedure[9]

1. Perform hand hygiene
2. Confirm patient identity, explain the procedure to the patient, check for any allergies and obtain informed consent
3. Sit patient upright or place in a dorsal recumbent position. Tilt head downwards in direction of the affected eye, to protect unaffected eye. Alternatively eye irrigation can be performed at the sink
4. If required, clean the patient's eyelids and peri orbital areas the irrigation fluid.
5. Protect clothing with water proof protective sheet/apron
6. Position kidney dish against cheek on side to be treated
7. Perform hand hygiene and don non-sterile gloves
8. Instruct patient to keep both eyes open and to move eyeball around to ensure thorough irrigation. Gently part eyelids sufficiently to allow irrigation with thumb and 1st finger of one hand
9. If there is resistance notify an experienced Clinician
10. If deemed appropriate insert the Morgan's Lens prior to irrigation

11. Direct a small amount of irrigation fluid across the patient's cheek. This will familiarise the patient with the sensation of the fluid before starting the procedure (Figure 1)
12. Tell the patient that irrigation is going to start. Direct a continuous flow of irrigating solution from the inner canthus of the eye toward the outer canthus using a rate suitable to the patient's tolerance/comfort
13. Avoid directing the stream forcefully over the eye ball
14. Avoid touching the eye structure
15. Collect overflow in kidney dish
16. Instruct patient to occasionally blink, look from side to side and to roll eyeball
17. Dispose of waste as per WACHS Waste Management Policy
18. Perform hand hygiene
19. Document procedure in the healthcare record

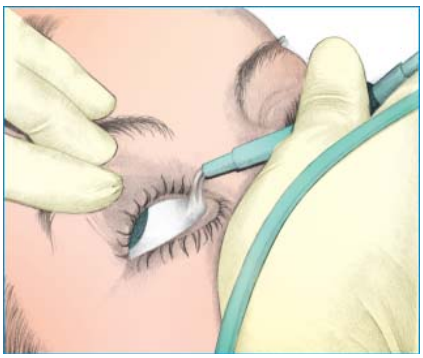

Figure 1: Irrigation from the inner canthus[7]

Appendix 2: Eye Cleansing

General Information

Eye cleansing is used for the removal of any debris that may have accumulated on the lashes, to remove contaminants, to reduce infection, prepare the eye for instillation of medication or eye drops, or to maintain comfort.

Equipment Required

- Sterile Dressing Pack, non-sterile gloves, waterproof protective sheet
- Sterile low-lint swabs, sterile cotton tip applicator, cotton bud
- Sodium chloride 0.9% sterile sachet

Procedure[10]

1. Perform hand hygiene
2. Confirm patient identity, explain the procedure to the patient, check for any allergies and obtain informed consent
3. Ensure adequate lighting but light does not shine directly into patients eyes
4. Position the patient upright at 30^{o} as clinical condition allows with head well supported. Check positioning with Shift Coordinator or Medical Officer/Nurse Practitioner
5. Assemble and layout equipment
6. Don non sterile gloves
7. Eye is cleansed using the sterile swab – use each swab only once
8. Clean the unaffected or least affected eye first
9. To cleanse the upper lid, patient looks down, wipe with the sterile swab from the inner canthus to the outer canthus in one motion then discard the swab
10. Repeat until upper eyelid is visibly clean
11. To cleanse the lower lid ask the patient to look up to their forehead
12. Slightly pull the lower lid down, clean lower lid by wiping the sterile swab from the inner canthus to the outer canthus in one motion then discard the swab
13. Repeat until lower lid and lashes are visibly clean
14. Administer eye drops/ointment as prescribed
15. If crusts have stuck to the lashes:
16. Administer a moist sterile swab on to the closed eye and leave for approximately 3-5 minutes
17. Remove stubborn debris with moistened fine sterile cotton tipped applicator
18. Do not use forceps to remove crusts
19. Continue with eye cleansing
20. Ask patient to close eye and dry with sterile swab
21. Dispose of waste as per WACHS Waste Management Policy
22. Perform hand hygiene
23. Document procedure in the healthcare record

Appendix 3: Eye Pad and Bandaging

How to apply an eye pad, shield and bandage[8]

Appendix 4: Removal of Contact Lenses

General Information

- Contact lenses are to be removed:
  - In the presence of chemical irritants or foreign bodies. In an emergency, irrigation is not delayed by the removal of contact lenses e.g. chemical burn
  - From a patient with an altered level of consciousness or who is unable to remove the lenses
  - Prior to administration of eye medications
- Do not instil medications while the contact lenses are insitu
- Where possible the patient to remove their contact lenses if able
- Soft lenses are generally more common than hard lenses; if possible check with the patient/family/carer as to what type they are, as removal process slightly different
- Some lenses are daily disposables lenses and others are reused. Generally if unable to confirm with patient/family/carer – then save the lenses separately in specimen containers with Sodium Chloride 0.9% - labelled appropriately (see below)

Pre Procedure Information

- Never use force to remove a lens.
- If the patient has a penetrating injury do not manipulate the eye

Equipment Required

- Disposable gloves
- If contacts are not single day disposable lens' - contact lens storage case or 2 plastic specimen containers with lids marked (L) left contact lens and (R) right contact lens and patient identification labels
- Sodium Chloride 0.9% sterile sachet

Procedure

1. Perform hand hygiene
2. Confirm patient identity
3. Explain to the patient the need for removing contact lenses
4. If not single use disposable lens' - ensure patient identification labels are on each contact lens container ; pour sterile Sodium Chloride 0.9% solution into storage containers
5. Perform hand hygiene and don non sterile gloves
6. Removing soft lenses:
   - Open the eye using one hand – the index finger raising the upper eyelid and the thumb, pulling down the lower eyelid
   - Instruct the patient to look up

- Use the index finger of the other hand to slide the contact lens down (or slide the contact lens off the iris portion of the eye an onto the white during this phase)
- Use the thumb and index finger to pinch the lens and lift it out of the eye
- Repeat for the other lens

7. Removing hard lenses:
    - Following Steps 1 to 6
    - Place a thumb at each of the upper and lower eyelids
    - Gently push the lids towards each other
    - Cup your hand below the eye, to catch the lens.
8. Repeat for the other lens
9. Examine the contact lens for damage
10. Place the lens in the labelled container with solution
11. Examine the patient's eyes for redness and irritation
12. Document procedure in the healthcare record

Appendix 5: Insertion and Removal of Ophthalmic Prosthesis

General Information

- An artificial eye may be inserted after post enucleation of the entire eye ball
- Post-Operatively a shell is inserted into the clean socket to maintain the shape of the eyelids and to prevent them from retracting
- The patient is fitted with an artificial eye by a prosthetist at around 4-6 weeks post-operatively
- The artificial eye is held in the socket by the eyelids

Equipment Required

Sterile dressing pack; Non sterile gloves; Sodium chloride 0.9% sterile sachet and specimen container with patient label

Procedure – removal[11]

Hand hygiene; don non sterile gloves; gently pull down the lower lid until the edge of the prosthesis is visible and ease the bottom of the eye out with fingertip, or with a plastic extractor and place in container; document procedure in the healthcare record

Procedure - insertion[11]

Hand hygiene; don non sterile gloves; holding the artificial eye horizontally with the most pointed area (the nose point) towards the patient's nose, lift the upper eyelid and slide the prosthesis directly up and into the socket. Then pull down the lower lid, and the eye should slip inside; document procedure in the healthcare record