

Aim: To provide guidance on assessment and ongoing nursing care for the eyes of patients in critical care

Scope: All adult patients in critical care

Version: 3.0

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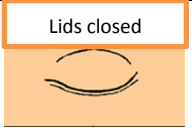
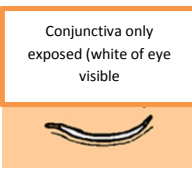
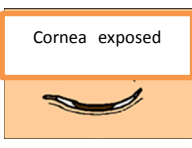
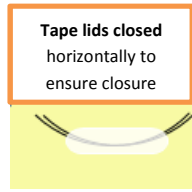
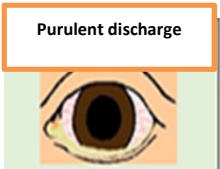
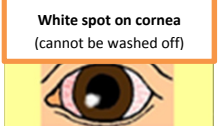
Ratified:

Date: December 2018

Revision due: December 2020

**Assessment** – completed once per shift on level 2 & 3 patients

1. Eyes should be assessed using a yellow torch light
2. Look along the eyelid for lid closure, redness, chemosis (conjunctival oedema causing the conjunctiva to bulge), corneal dullness or opacity/ white patch – **Document findings**
3. If any are found, inform senior medical staff & consider ophthalmology advice
4. Any discharge from the eye may indicate infection & a swab should be taken

Grade	Image	Action
0 – Eyelids closed		<b>CLEAN EYES 2-4 hourly</b> Use sterile water and gauze - use separate piece for each eye, wiping from the inner aspect outward Instil hypromellose 0.3% eye drops 4 hourly (1 drop to each eye)
1 – Some conjunctival exposure		<b>EYES NEED LUBRICATING EVERY 4 HOURS</b> Clean off old ointment using sterile water and gauze Ease lower lid down & apply Lacrilube™ ointment between lower lid and conjunctiva of eye <b>Always check corneal clarity with bright light: IF NOT CLEAR ALERT MEDICAL STAFF</b>
2 – Unclosed eye Conjunctival and some corneal exposure - <b>MAJOR RISK</b>		<b>EYES NEED LUBRICATING AND LID CLOSURE</b> Clean and apply ointment as for Grade 1 Close lids, ensure lashes are clear of the eye and lid is free of ointment Consider horizontal taping of upper lids using micropore™ tape <b>Always check corneal clarity with bright light: IF NOT CLEAR ALERT MEDICAL STAFF</b>
Special circumstances	Image	Action
Patients nursed prone and unconscious - <b>MAJOR RISK</b>		<b>EYES NEED LUBRICATING AND LID CLOSURE</b> Clean and apply ointment as for Grade 1 Close lids, ensure lashes are clear of the eye and lid is free of ointment Horizontally tape upper lids using micropore™ tape <b>Always check corneal clarity with bright light: IF NOT CLEAR ALERT MEDICAL STAFF</b>
Purulent discharge		<b>EYES NEED SWABBING, INFORM CRITICAL CARE DOCTOR</b> Consider ophthalmology referral Clean as for Grade 1 Administer chloramphenicol eye ointment 1% to each eye 4 times a day (QDS) for one week Contageous - can be transmitted to other patients <b>IF NO BETTER IN 24HRS ALERT MEDICAL STAFF</b>
White or yellow spots - or haziness of cornea (without conjunctival		Inform critical care doctors and nurse in charge <b>REFER TO OPHTHALMOLIGIST IMMEDIATELY</b>  <b>DO NOT START ANTIBIOTICS</b>

## Eye Care

The health of the cornea and areas on the front surface of the eye are dependent on the blink reflex, production of tears and an ability to keep the eyes closed during periods of rest and sleep. Critical care patients' eyes are particularly vulnerable due to a reduced level of consciousness, the drying effects of oxygen and some drugs used in critical care. Protective measures should be taken to protect the eyes. Taping the lid shut should only be done when there is no other option as it can be distressing for relatives to see and may irritate the skin around the eyes.

All bottles/ tubes must be prescribed and dated on opening (discard after 7 days). A separate bottle/ tube should be used for each eye and marked for the left and right eye.

## References

- Kam R, Haldar S, Papamichael E, et al. National survey of protective eye care practices in the critically ill. *Critical Care* 2011;**15**(Suppl 1):P538.
- Grixti A, Sadri M, Datta AV. Uncommon ophthalmologic disorders in intensive care unit patients. *Journal of critical care* 2012;**27**(6):746 e9-22.
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- Demirel S, Cumurcu T, Firat P, et al. Effective management of exposure keratopathy developed in intensive care units: the impact of an evidence based eye care education programme. *Intensive & critical care nursing* 2014;**30**(1):38-44.
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