**Eye Care for Critically Ill Adults**

**ASSESSMENT**

1. Eye health assessment should be part of routine patient physical assessment practice and be performed on admission, and then routinely at the beginning of the new nursing shift. The initial assessment should include input from the patient's family, to identify pre-admission ocular conditions and treatment, and identify the need for ophthalmology review. Grade D

2. Admission and ongoing assessment should include but is not limited to:
   - Risk factors for Ocular Surface Disorder (OSD)
   - Ability for patient to maintain complete eyelid closure
   - Evaluation of eye and eyelid cleanliness
   - Corneal dryness or discolouration,
   - Eye Care interventions, and
   - Effectiveness of eye care interventions Grade C

   An assessment by intensive care medical staff should occur where the following are found:
   - Signs of infection
   - Patients with red eyes and/or general sepsis
   - Cornea that is dull and cloudy, or with white lines or spots visible Grade C

   Where red eyes are identified, with or without exudate, bilateral swabs for culture should be taken. Grade C

3. The initial assessment should include input from the patient's family, to identify pre-admission ocular conditions and treatment, and identify the need for ophthalmology review. Grade D

**INTERVENTIONS**

5. Eyelid closure should be maintained to protect the eyes of intensive care patients who are unable to independently maintain complete lid closure. Grade B

6. For all patients with, or at risk of lagophthalmos, second hourly eye care must be undertaken to prevent drying of ocular epithelial surfaces, and reduce the risk of infection. Interventions include:
   - Cleaning of the eye (with saline soaked gauze)
   - Closure of the eyelid by use of either
   - Ocular lubricant OR
   - Creation of a moisture chamber by use of polyethylene wrap

   The frequency of eye cleansing should vary with the frequency of eye intervention required. Grade C

**RISK FACTORS FOR OCULAR SURFACE DISORDERS**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Level of risk</th>
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<tbody>
<tr>
<td>Lagophthalmus</td>
<td>Highly significant</td>
</tr>
<tr>
<td>Length of sedation / Use of neuro muscular blockade</td>
<td>Probably significant</td>
</tr>
<tr>
<td>Length of stay / Length of ventilation</td>
<td>Function of critical illness</td>
</tr>
<tr>
<td>Medical conditions</td>
<td>Possibly a risk</td>
</tr>
<tr>
<td>Respiratory pathogens</td>
<td>Possibly a risk</td>
</tr>
<tr>
<td>Recent ophthalmological surgery</td>
<td>Possibly a risk</td>
</tr>
</tbody>
</table>

**INFECTION PREVENTION**

13. Clinicians are to undertake a risk assessment to identify the risk of contamination and mucosal or conjunctival splash injuries when caring for a patient being treated with NIV, PPE (including goggles/face shield/gloves and gown/apron) as per NSW 2007 Infection Prevention control policy should be worn according to the risk assessment PD2007_036

14. Clinicians are to adhere to the 5 Moments of Hand Hygiene. PD2010_058

15. Equipment for eye care must be kept in its own container separate from other patient hygiene equipment. These containers should be passed through ward cleaning procedures on a regular basis. Grade D

**WORK HEALTH & SAFETY**

16. Work health and safety principles must be followed including:
   - Use of personal protective equipment, and
   - Ergonomic use of equipment, such as appropriate bed height for staff when treating patients.

**GOVERNANCE & EDUCATION**

17. Eye care interventions should be included as part of a comprehensive patient care plan. Grade C

18. All ICUs must ensure clinical staff are competent in the delivery of appropriate eye care Grade D

19. All clinical staff must maintain contemporaneous documentation of eye health and interventions. A flowchart, CIS check list or check box tool is suggested for completion, on shift handover for this purpose. Grade D

20. All ICUs should monitor the effectiveness of eye care delivered by monitoring for iatrogenic ophthalmological complications. This could include:
   - Review of adverse events as reported on IIMs
   - Review of practice
   - Review of ICU eye consults
   - Review of health of donated corneas
   - Point prevalence studies Grade D

**Grading of Recommendations**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Body of evidence can be trusted to guide practice</td>
</tr>
<tr>
<td>B</td>
<td>Body of evidence can be trusted to guide practice in most situations</td>
</tr>
<tr>
<td>C</td>
<td>Body of evidence provides some support for recommendation/s but care should be taken in its application</td>
</tr>
<tr>
<td>D</td>
<td>Body of evidence is weak and recommendation must be applied with caution</td>
</tr>
<tr>
<td>CONSENSUS</td>
<td>Expert opinion where consensus was set as a median of ≥ 7 (Likert 1-9)</td>
</tr>
</tbody>
</table>

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