


Eye care in intensive care

Modified guidance for ventilated patients including patients in the prone position





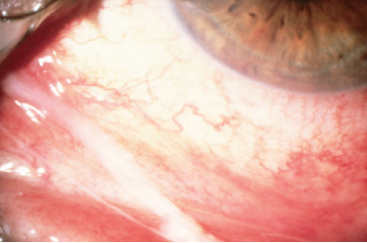
Risks

 All patients on ventilators have a risk of exposure of the cornea and developing corneal infection. This can occur irrespective of body position.



When ventilating patients in the prone position there should be good access to examine the eyes regularly (every four hours). The key is to reduce ocular surface dryness and keep the ocular surface lubricated. Corneal abrasions in most cases can be managed without ophthalmology review by following the protocol described below.

Referral to on-call Ophthalmology team should only occur after local medical review.

Ocular examination

Grade 0 Eyes totally closed	Grade 1 Eyes slightly open
 No action.	 Use simple eye or Vit A POS or Xalin eye ointment every four hours.
Grade 2 Cornea exposed	Examples
 Apply micro pore tape horizontally and apply ointment as grade 1 every four hours. Check corneal clarity with bright light.	 Eye lid taping  Red and stick eye

Eye care in the ICU


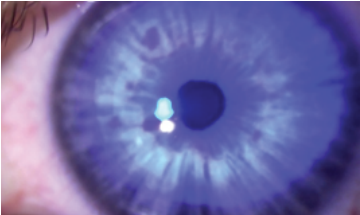
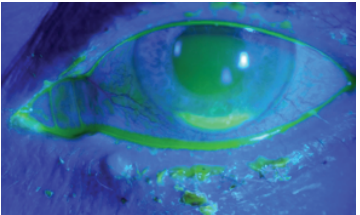
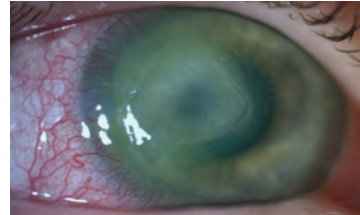
Grade 0 No action unless in prone position.	 If cornea is not clear - alert medical staff.
Grade 1 Eyes need lubricating every four hours	 Chemosis
<ul style="list-style-type: none">Clean off old ointment before putting in newPull lower lid down and instil ointment onto eye between lower lid and conjunctivaAlways check corneal clarity with bright light.	Prone patient & unconscious Major risk to eye in all cases <ul style="list-style-type: none">Conjunctiva can get swollen (chemosis see above)Apply chloramphenicol eye ointment four times a day and instill as in Grade 1Close lids, ensure lashes outside eye and lids free of ointment micropore tape horizontallyAlways check corneal clarity with bright light.
Grade 2 Eyes need lubricating and lids taping	
<ul style="list-style-type: none">Apply ointment as for Grade 1Close lids, ensure lashes outside eye and lids free of ointmentTape upper lid down with micropore tape horizontallyAlways check corneal clarity with bright light.	

Red eye

Red and sticky - cornea clear <ul style="list-style-type: none">Take swabUse chloramphenicol ointment four times a day (add ofloxacin eye drops four times a day if prone)Condition is contagious and can be transmitted to other patientsAlert medical staff if no better in 24 hours.	Red but not sticky <ul style="list-style-type: none">Is the cornea clear or does it stain with fluorescein drops?If clear cornea or simple abrasion, check usage of chloramphenicol ointment. If abrasion present use ofloxacin eye drops four times a day. Consider lid taping.Alert medical staff if corneal opacity or eye not dry.
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Fluorescein staining

If corneal abrasion is suspected instill sodium fluorescein (or use fluorescein strips wetted with sterile normal saline) into the eyes and illuminate with a blue light (use blue filter on pen torch or most ophthalmoscopes) and observe naked eye.

Fluorescein viral 	No staining  Cornea clear. Continue lubrication.	Corneal abrasion  Risk of infection. Use ofloxacin eye drops four hourly and chloramphenicol eye ointment four times a day.	Corneal infection  Refer to Ophthalmologist for further advice and management.
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