



SOP GEN 13 Eye Care

Procedure Number	SOP GEN 13
Purpose of Document	To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to the procedure of eye care
Target Audience	All nurses and carers
Version	V3
Author	Karen Matthews-Shard
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Next Review Date	November 2025
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A



Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page	KNF/SJ
V2	Nov 2019	3 Yearly Review	Clinical Advisory Group
V2.1	Oct 2020	Updated re rebrand	CC
V3	Dec 2022	Reviewed and updated	Clinical Advisory Group

Acacium Group Standard Operating Procedure

1. Introduction

Eye care is about the assessment of the overall condition of the eye. It includes cleansing and irrigating the eye and administering prescribed ointment if required (see separate SOP for instilling eye drops or ointment).

Eye care may be performed for a client if they are unable to perform the task independently. It may be required in order to relieve pain and discomfort, remove caustic substances or foreign bodies, prevent or treat infection, prevent further injury to the eye or prevent damage to the cornea in the unconscious.

Rarely a client may have an artificial eye and care should be taken to ensure it remains clean. In this case, consultation with the client's optician/ophthalmologist would be required.

Often clients may wear glasses or contact lenses. They may require assistance in the cleaning of these aids. Consultation with the client's optician is recommended as to the best ways of doing so, though this is a role that relatives and carers may undertake on behalf of the client.

2. Aim

The aim of providing eye care is to promote comfort, treat eye conditions and/or provide the mechanism to assess for the presence of infection, minimising the risk of transmitting infection to the client when undertaking the procedure.

3. Who may undertake this procedure

All Acacium Group carers are able to undertake this procedure if they have been trained and assessed as competent to do so.

4. Hazards/complications

The greatest hazard is introducing infection or creating more discomfort to the client. Care should be taken to perform the procedure gently and with maintaining a clean environment in mind.

5. Assessment of need

Assessment of need is based on observation and clinical judgment.

6. Consent

Please read Acacium Group Policy on consent thoroughly and ensure valid consent has been gained.

7. Client and relatives/carers involvement

The Client's relatives and carers may be taught to undertake this procedure if they wish to support the care needs. Where this is practical and safe to do so, an Acacium Group worker can support this goal.

8. Client information

As part of obtaining valid consent the risks, benefits and alternatives to treatment will have been discussed.

The procedure must be explained fully in order to gain full cooperation with the procedure.

9. Allergy management

In order to ensure that eye irrigation or swabbing does not cause a localised allergic response, it is important to check that the client is not allergic to any of the equipment used. Ideally, any irrigation solution should be prescribed. If a client or their family purchase an irrigation solution and requests its use, it should be explained that this is at their own risk. A record should be made in the care plan and notes that the client has made this choice. Follow allergy management policy for further guidance on allergy management.

10. Equipment for eye irrigation

- Sterile dressing pack with gauze squares
- Sterile 0.9% sodium chloride for irrigation or sterile water for irrigation, tap water may be used
- Receiver
- Towel
- Warm water in a bowl to warm irrigating fluid to tepid temperature
- Hand washing equipment or bactericidal hand rub
- Care record and care plan
- Non-sterile Gloves
- Waste disposal

11. Procedure for eye irrigation

	Action	Rationale
1	Explain and discuss the procedure with the client.	To ensure that the client understands the procedure and gives his/her valid consent (NMC 2018). To respect, support and document a person's right to accept or refuse care and treatment (NMC 2015).
2	Prepare the irrigation fluid to the appropriate temperature by placing the unopened sachets in a bowl of warm water until warmed.	Tepid fluid will be more comfortable for the client. The solution should be poured across the inner aspect of the workers wrist to test the temperature.

3	<p>Assist the client into the appropriate position as detailed within their care plan:</p> <ul style="list-style-type: none"> • Head comfortably supported with chin almost horizontal. • Head inclined to the side of the eye to be treated. 	<p>To avoid the solution running either over the nose into the other eye to avoid cross-infection or out of the affected eye and down the side of the cheek</p> <p>To reduce risk of cross-infection (Health Act 2006).</p>
4	Wash hands using soap and water or bactericidal hand rub, and dry. Apply non-sterile gloves.	To minimise the risk of transmitting infection.
5	If there is any discharge proceed as for eye swabbing and escalate as per the clients care plan and escalation details.	To prevent washing the discharge down the tear duct or across the cheek.
6	If possible, remove any contact lens as applicable.	To ensure no reservoir of chemical remains in the eye (Marsden 10 th edition 2020).
7	If the client is able to, ask them to hold the receiver against the cheek below the eye being irrigated.	To collect irrigation fluid as it runs away from the eye.
8	Position the towel.	To protect the client's clothing.
9	Hold the client's eyelids apart using your first and second fingers, against the orbital ridge.	The client will be unable to hold the eye open once the irrigation commences.
10	Do not press on the eyeball.	To avoid causing the client discomfort or pain.
11	Warn the client that the flow of solution is going to start and pour a little onto the cheek first.	To allow time to adjust to the feeling of water flow.
12	Direct the flow of the fluid from the nasal corner outwards. Head should be tilted to side you are irrigating.	To wash away from the lacrimal punctum and prevent contaminating the other eye.
13	Ask the client to look up, down and to either side while irrigating.	To ensure that the whole area is irrigated.
14	Turn the inner surface of the upper and lower eye lids outwards whilst irrigating.	To ensure complete removal of any foreign body if present.
15	Keep the flow of irrigation fluid constant.	To ensure swift removal of any foreign body (Marsden 10 th edition 2020).

16	When the eye has been thoroughly irrigated, ask the client to close the eyes and use a new swab to dry the lids.	For client comfort.
17	Take the receiver from the client and dry the cheek.	To prevent spillage of receiver contents and promote client comfort.
18	Make the client comfortable.	
19	Remove and dispose of equipment.	To keep area clean and reduce risk of cross-infection (Health Act 2006).
20	Wash hands with soap and water.	To reduce the risk of cross-infection (Health Act 2006).
21	Complete the client's daily care record.	To maintain accurate records. To provide a point of reference in the event of any queries. To prevent any duplication of treatment (NMC Record Keeping 2018).

12. Equipment for eye swabbing:

- Sterile dressing pack
- Low-linting swabs
- Sterile 0.9% sodium chloride for irrigation or sterile water for irrigation
- Care record and care plan
- Hand washing equipment
- Waste bag

13. Procedure for eye swabbing

	Action	Rationale
1	Follow steps 1 and 2 in Section 11.	
2	Ensure an adequate light source, taking care not to dazzle the client.	To enable maximum observation of the eyes without causing the client harm or discomfort (Shaw 2006).
3	Wash hands thoroughly using soap and water, or bactericidal alcohol hand rub then dry hands. Apply non-sterile gloves.	To reduce the risk of cross-infection (Health Act 2006).
4	Always treat the uninfected or un-inflamed eye first.	To reduce the risk of cross-infection.
5	Always bathe lids with the eyes closed first.	To reduce the risk of damaging the cornea and to remove any crusted discharge.

6	Using a slightly moistened low-linting swab, ask the client to look up and gently swab the lower lid from the inner eye outwards.	If the swab is too wet the solution will run down the client's cheek. This increases the risk of cross-infection and causes the client discomfort. Swabbing from the nasal corner outwards avoids the risk of swabbing discharge into the tear duct, or even across the bridge of the nose into the other eye.
7	Ensure that the edge of the swab is not above the lid margin.	To avoid touching the sensitive cornea.
8	Using a new swab each time, repeat the procedure until all the discharge has been removed.	To reduce risk of cross-infection (Health Act 2006).
9	Gently swab the upper lid by slightly turning the lid outwards and asking the client to look down. Swab from the nasal corner outwards and use a new swab each time until all discharge has been removed.	To effectively remove any foreign material from the eye. To reduce the risk of cross-infection (Health Act 2006).
10	Once both eyelids have been cleaned and dried, make the client comfortable.	To ensure client comfort.
11	Remove and dispose of equipment.	To keep area clean and reduce risk of cross-infection (Health Act 2006).
12	Wash hands.	To reduce the risk of cross-infection (Health Act 2006).
13	Record the procedure in the daily records	To maintain accurate records. To provide a point of reference in the event of any queries. To prevent any duplication of treatment (NMC 2005).

14. Taking an eye swab

This may be required if the client has sore infected eyes, that are secreting a discharge. By taking a swab for analysis – the type of infection can be identified and treated accordingly. This should be done before any irrigation and following discussion as per escalation plan.

15. Equipment

- Appropriate PPE
- Swab (for microbiology)
- Care record and care plan
- Specimen form (if available)

16. Procedure for taking an eye swab

	Action	Rationale
1	Explain the procedure to the client.	To ensure that the client understands the procedure and gives his/her valid consent (NMC 2006).
2	Put on apron, wash hands and apply gloves.	To reduce the risk of cross-infection (Health Act 2006).
3	Tilt the client's head backwards.	This ensures good access to the eyes and promotes client comfort.
4	Open the swab container up and swab the discharge from the nasal corner outwards, place the swab back into its container.	To ensure that a swab of the discharge is taken and in order to minimise cross infection.
5	Label swab with client's details. Send sample to the laboratory. As per Drs instructions.	To ensure correct identification of client's samples.
6	Wash hands and dispose of equipment appropriately.	To minimise cross infection and to promote safe disposal of waste (Health Act 2006).
7	Record the procedure in the client's daily records.	To maintain accurate records. To provide a point of reference in the event of any queries. To prevent any duplication of treatment (NMC 2005).

17. Related documents

POLICY:

CLIN 24 Personal Care Policy
CLIN 06 Consent Policy
CLIN 07 Infection Prevention Policy

18. References

- Guidelines for the promotion of personal hygiene, April 2010, Tees, Esk & Wear Valleys NHS Foundation Trust
- Essence of Care 2010 - BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE - Benchmarks for Personal Hygiene
- The Royal Marsden Manual of Clinical Nursing Procedures. 10th ed. London: Wiley-Blackwell. Sara Lister (Editor), Justine Hofland (Editor), Hayley Grafton (Editor). (2020).
- Government Essence of Care 2010

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group standard operating procedure (SOP), the SOP herein applies to all trading companies detailed below:

Thornbury Community Services (TCS)

At Thornbury Community Services (TCS), high quality care is our number one priority. With a team of exceptional and conscientious nurses and care staff, we're able to deliver the best complex care at home or in the community, 24/7 or whenever you need it. With compassion, integrity and dedication, we help empower individuals to achieve personal aspirations, as well as providing care tailored to their needs. Making a positive difference to our client's lives is our passion and it's this that sets us apart.



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Thornbury Community Services Learning Disability & Autism (TCS LDA)

Thornbury Community Services (TCS), provide specialist outcome-focused support for children and adults who are diagnosed with a learning disability and/or autism, who may present with behaviours of concern. Working in close partnership with commissioners, local authorities, hospital teams, our clients and their families; providing bespoke healthcare services, offering tailored care for every individual we support. We have a proven track record of supporting individuals with learning disabilities and/or autism and a reputation for delivering excellence across all aspects of case management.



Part of Acacium Group

Our vision is to increase personal choice and to empower people with a learning disability and/or autism to live fulfilling and rewarding lives and be an active member of their own community.

Pulse Nursing at Home

Pulse Nursing at Home provides flexible, bespoke care for people living in their own homes and communities. We provide a lifetime solution that can adapt to changing healthcare needs.

We're passionate about our people and proud that the services we provide achieve the highest standards of compassionate care, supporting choice and empowering our clients to live the life they want.



Part of Acacium Group

Thornbury Nursing Services (TNS)

Established in 1983, TNS is one of the UK's leading independent nursing agencies, providing skilled nurses on a temporary or permanent basis throughout England and Wales.



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TNS believe it is more important than ever to offer high quality, clinical care at home and in the community.

TNS specialist community nurses and carers provide temporary nursing and care support for clients at home. They're ready to step in to support discharge plans, prevent hospital admissions, maintain client safety and support uncertain rosters.

Service TNS offers

- Temporary staffing to cover shortfalls in existing shift rotas
- Backfilling for interim cover during recruitment periods
- Rapid response to facilitate early discharge and to avoid hospital admission
- A staffing solution to stabilise complex mental health cases in crisis
- A CQC registered staffing service – currently rated 'outstanding'
- Assistance in stabilising staffing in long term complex care packages
- Support for both adults and paediatrics
- A nurse-led team contactable 24 hours a day, 7 days a week

Scottish Nursing Guild (SNG)

Established in 1995, SNG, as part of Acacium Group, is one of Scotland's leading independent nursing agencies, providing skilled nurses on a temporary basis to major NHS trusts, and private sector clients, throughout Scotland, Northern Ireland and Republic of Ireland.



Part of Acacium Group

Service SNG offers

- A nurse-led team with full case management if needed, including compiling individualised care plans and risk assessments with ongoing support from Case Manager
- Care support for as long as you need us, from a few hours to 24/7
- Our office is contactable 24 hours a day, 7 days a week
- Rapid response to make early discharge possible or to avoid hospital admission
- Highly skilled nurses to provide home-based specialist care tailored to the specific needs of clients with complex care requirements
- Ad-hoc staffing to cover shortfalls in existing shift rotas or provide interim cover during recruitment periods
- Help stabilising staffing in long term complex care packages
- Palliative / end of life nursing care for clients who wish to remain at home
- Care provision for clients who need assistance with personal and/or social care support
- Support for both adults and children
- Support for clients no matter how complex their care needs
- Respite care to support clients either at home or away from home