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# Nursing care for Patients with Eye Emergencies..

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# Objectives

- 1.To assess a patient with any Eye emergency.
- 2.To identify nursing care problems in different ocular emergencies.
- 3.To Suggest nursing interventions for a patient with a specific ocular emergency
- 4.To give the rationale for carrying out every procedure during management.
- 5.To Evaluate the condition of the patient after management.
- 6.To mention all the dos and don'ts while nursing ocular emergencies

# **Assessment ;**

## **Subjective data;**

Take patients particulars that is name, age, address, telephone number. Then take history of the presenting complaint like pain, vision loss, tearing swelling, redness and photosensitivity to light.

## **Objective data**

Take patients vital signs that is blood pressure, temperature, respirations and pulse rate. Carry out inspection of the eye to rule the extent of the eye [redness, tearing, swelling and ulcers] Take patients visual acuity, intraocular pressure and record accordingly. Rate patients pain on a pain scale lets say 7/10.

# **Nursing Care Problems of Particular Eye Emergency with their nursing interventions.**

## **Chemical Burns.**

Alkali keep penetrating the ocular tissues and cause extensive damages.

Acids cause tissue coagulations which forms a coat hence protecting tissues from further damages.

## **Nursing Care Problems:**

- ☐ Acute pain.
- ☐ Risk for vision loss
- ☐ Risk for infections
- ☐ Risk for corneal ulcer
- ☐ Emotional distress. .

## Nursing diagnosis

- Acute pain related to inflammation secondary to chemical injury as evidenced by verbalization of the patient and poor facial expression.
- Risk for visual loss related to destruction of eye structures.
- Risk for infection related to destruction of the corneal hence allowing microbes to enter the eye, also the chemical its self might contain microbes

| Management plan;<br>Short term                     | Long term  |
|--|--|
| Re assure the patient                              | Patient will be free from anxiety related to trauma  |
| To reduce pain from 7/10 to 4/10 within 30 minutes | Patient will verbalize reduction of pain from 4 to 0 after 3 months and no longer anxious. |
| To prevent infection                               | Patient will be free from infection  |

| Nursing Interventions:   | Rationale  |
|--|--|
| Irrigate eyes with clean water immediately.                                    | To wash out the chemical and reduce pain                         |
| Administer topical anesthetics (e.g. Amethocaine                               | To reduce pain.  |
| Cover the eye with protective shield and call the doctor to review the patient | To avoid touching the eye and to protect it from being infected. |
| Apply antibiotic ointment as prescribed by the doctor.                         | To prevent infection   |
| Provide emotional support and reassurance                                      | To allay patients anxiety  |

## Evaluation

- After 30 minutes the patients pain reduced from 7/10 to 4/10 within 30 minutes. And the patient was free from pain after 3 months.
- Patient did not get infection [endophthalmitis] during her course of treatment
- Patient was free from anxiety related to eye injury.



# Retinal Detachment

| Nursing Care Problems: | Nursing Interventions                                      |
|------------------------|--|
| Floaters/flashers      | Advice the patient to be examined by a retinal specialist. |
| Vision loss            | Assess visual acuity.                                      |
| Anxiety/panic          | Continuous re assurance                                    |
|                        |  |
|                        |  |

| Acute Angle-Closure Glaucoma<br>Nursing Care Problems: | Nursing Interventions:  |
|--|---|
| Severe eye pain ( with no history of trauma)           | Administer medications (e.g., acetazolamide).   |
| Vision loss  | Take visual acuity  |
| Nausea/vomiting  | Provide pain relievers as it may be as result of severe pain, or monitor intraocular pressures as they also cause vomiting. |
| Increased intraocular pressure                         | Monitor intraocular pressure.(IOP)  |
| Risk for optic nerve damage                            | Continuously monitor IOPS   |

# Uveitis

| Nursing Care Problems             | Nursing Interventions:                          |
|-----------------------------------|---|
| Eye pain                          | apply topical anesthetic drugs like amethocaine |
| Vision loss                       | Monitor visual acuity.                          |
| Risk for complications (glaucoma) | Monitor intraocular pressure                    |
| Sensitivity to light              | Advise the patient to wear protective glasses   |

**Cont.**

## **Uveitis.**

Patient presents with eye pain and reduced vision

We do visual acuity and measure intraocular pressure and call in the clinician to assess the eye

## **Central retinal artery occlusion.**

Patient presents with a sudden painless eye and reports that can no longer see.

Quickly perform visual acuity and call in doctor to confirm suspected eye emergency.

The doctor will guide in doing an eye massage that improves circulation in the eye hence a slow return of some vision.



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# General information while attending to Ocular Emergencies

## Dos

- Maintain ethic code of conduct.
- Prioritize life threatening condition in the patient with suspected multiple eye emergencies.
- Ensure proper document is done
- As routine take history about patients' visual acuity before an emergency and after an emergency.

## **Cont.**

- Shield the eye and refer if you are not sure.
- Consult eye care worker as quickly as possible.
- Plenty of irrigation for chemical burns.
- Control pain where necessary.
- In open globe injuries, manage nausea appropriately
- Notify medical team in significant changes in pupillary exam.

# Don'ts

- Do not apply any form of eye drop /ointment, in any suspected open form of ocular emergency.
- Do not pad or apply any form of pressure to a globe that may be ruptured or to the eye that has hyphema.
- Don't restrain a child who may have open globe injury or potentially ruptured globe.
- Don't neutralize chemical burns.

# Questions

Would you please tell us the immediate care given to a patient with eye chemical injuries?

How long should you seek for medical advice in case of any chemical injuries?

After treatment of a chemical eye injury, when should you seek for medical advice?



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