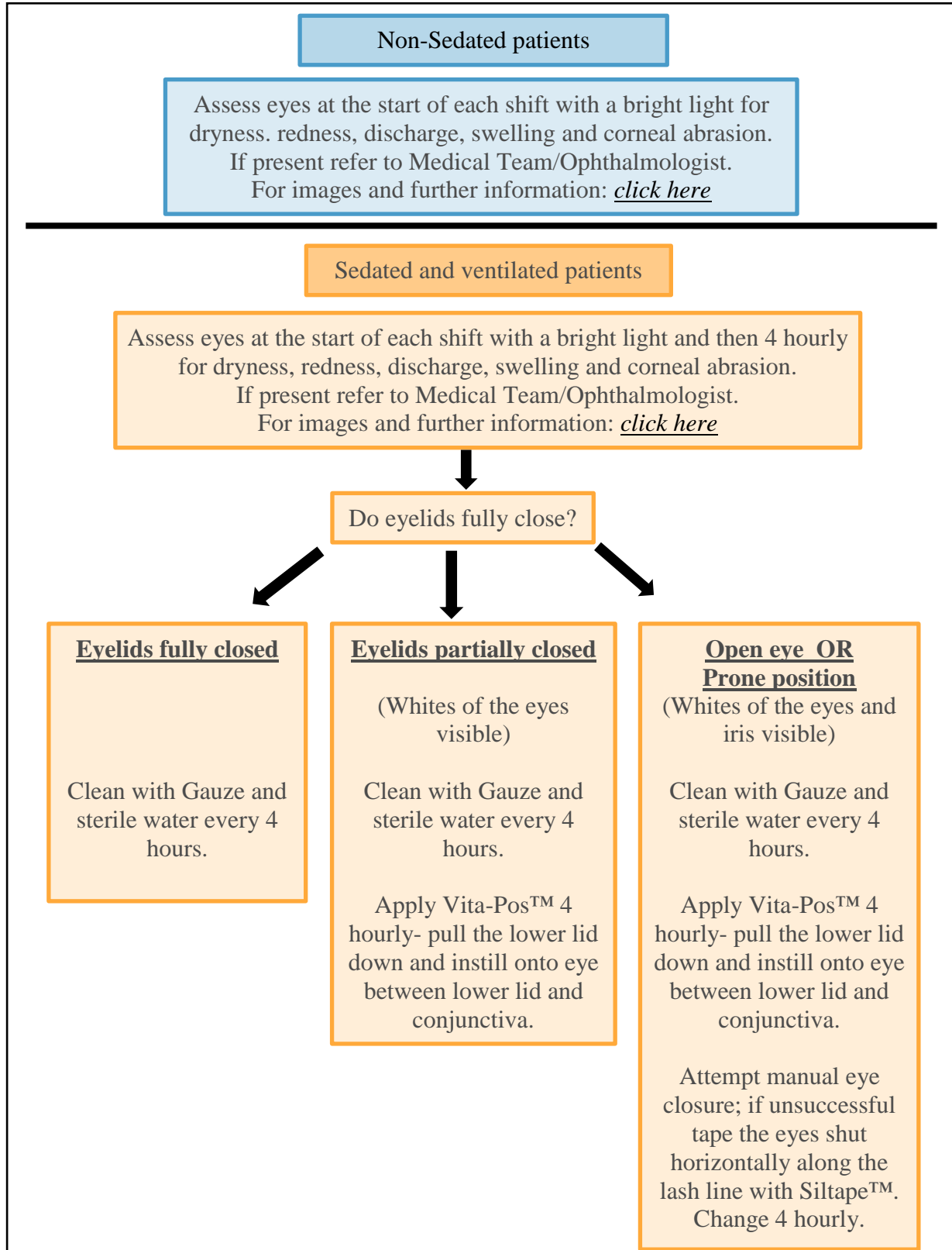


Eye Care Guidelines

AIM: To provide guidance on the management of eye care in the ICU
SCOPE: All adult ICUs within Brighton and Sussex University Hospitals



1. INTRODUCTION

The aim of this policy is to ensure all patients in the ICU at risk of eye injury, infection or disease are identified and treated early. In sedated patients the blink reflex is impaired leaving the patient at risk of damage to the surface of the eye. Following a protocol will standardise care and help to prevent corneal injury.

2. PROCESS

Recommendation (Action)	Justification (Rationale)
Assess eyes at the start of each nursing shift.	Due to the nature of the ICU patients are more at risk of damage to the eyes. Patients who are neurologically compromised, have facial oedema, have a reduced level of consciousness or are affected by the drying effects of treatments such as CPAP are at risk of eye injury. Assessing the eyes of every patient each shift allows the nursing staff to identify and monitor patients at risk, alerting the medical team when required.
Assess eyes 4 hourly in sedated and ventilated patients.	Patients who are sedated and ventilated are at greater risk of eye injury due to the impaired blink reflex. Completing an eyelid closure assessment every four hours allows for the early identification of changes to a patient's eye closure ability and detection of any changes in eye condition. Record assessment on MetaVision (in hygiene and mobility tab)
Clean the eyes with gauze and sterile water.	Cleaning the eye regularly ensures the removal of any discharge from the eye and the residue of old eye ointment, reducing the risk of infection.
Apply Vita-Pos™ eye ointment to eye, instill between lower lid and conjunctiva.	Applying Vita-Pos eye ointment lubricates the eye to reduce the drying caused by the impaired blink reflex. An ointment is preferred as drops do not last long enough.

Recommendation (Action)	Justification (Rationale)
Tape eyes shut with Siltape™ along the lash margin.	Taping eyes should only be performed when the iris is visible, manual eye closure has been unsuccessful or the patient is in prone position. This ensures the eye is protected. Taping the eye unnecessarily may lead to damage to the skin or eyelid injury.

3. REFERENCES

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The use of this guideline is subject to professional judgement and accountability. This guideline has been prepared carefully and in good faith for use within the Department of Critical Care at Brighton and Sussex University Hospitals. The decision to implement this guideline is at the discretion of the on-call critical care consultant in conjunction with appropriate critical care medical / nursing staff.