

Title	<b>EYE ASSESSMENT FOR HEALTH CARE SUPPORT WORKERS &amp; CLINICAL RECEPTIONISTS</b>			Number	<b>CL56</b>
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## Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

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05.12.16	Original version	SMcD
22.05.19	Reviewed, no change	SMcD
21.04.22	Minor changes pending further review	SB/FW

## Introduction

BADGER Treatment Centres receive patients suffering from eye conditions. The purpose of this procedure is to provide, clear, definitive guidance in the management of eye patients in the Treatment Centres.

The term 'HC' covers Healthcare Support Workers (HCSW) and Clinical Receptionists (CR).

This procedure outlines the responsibilities of the HC in the initial information gathering from the patient, the types of eye conditions suitable for treatment in BADGER Treatment Centre and the types of eye conditions unsuitable for treatment in BADGER Treatment Centres.

## The Presenting Eye Patient

Any patient who presents with any eye-related problem needs information gathering from the HC, as is usual practice for any other BADGER patient. There are, however, additional and specific data that need to be collected by the HC in order for the clinician to provide a holistic assessment of the patient.

The HC should ascertain the following and record this in the patient's record on Adastr:

- Can the patient see normally?
- Is the patient wearing contact lenses/usually wear contact lenses?
- Is the eye red or not?
- Is the eye itchy?
- Is the eye sore?
- What is the patient's visual acuity?

## Visual Acuity

Visual Acuity (VA) is measured in a person to assess the smallest detail the person can see when looking straight at a stationary, high contrast (e.g. black on white) target in good lighting.

In general, VA is only tested when there is a new, specific, visual complaint.

VA is measured in BADGER with a hand-held Snellen chart held at 14 inches/36cm. (see appendix one). It is the HC responsibility to measure the VA of a patient by asking the patient to read progressively smaller letters presented on the Snellen chart and the results are noted on the patient's clinical record on Adastra.

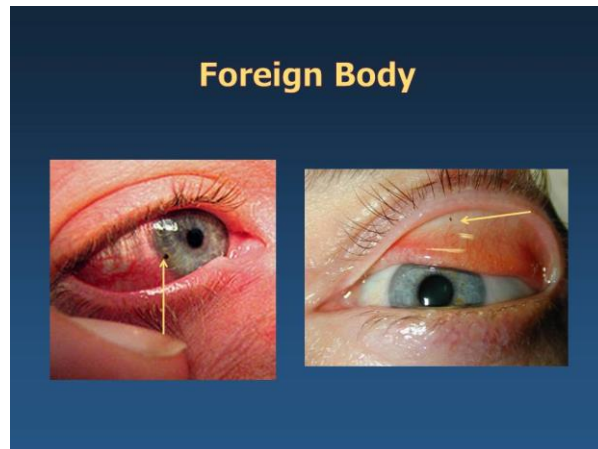
Each eye is tested independently (i.e. one is covered while the other is used to read). The patient should be allowed to wear their glasses/contact lenses and the results are referred to as 'best corrected vision'. It is not necessary to assess their ability to read every line on the chart. If they have no eye complaints, rapidly skip down to the smaller characters. The numbers at the end of the line provide an indication of the patient's visual acuity compared with normal subjects. The larger the denominator (patient's result), the worse the acuity. An example: a VA of 20/200 means that a person can see at 20 feet what a normal individual can see at 200 feet.

If the patient is unable to read any of the lines, indicative of a serious problem if this is a new complaint, a gross estimate of what they are capable of seeing should be determined. If this situation arises, the HC must alert a clinician for immediate assessment.

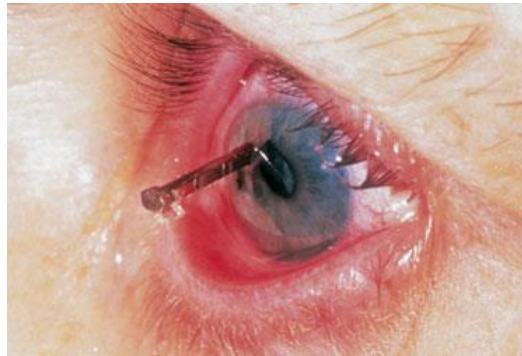
## Eye Injuries

### Foreign Body in the Eye

Non-penetrating (corneal surface) foreign bodies in the eyes can sometimes be removed in the Treatment Centre. They are removed under surface anaesthetic with a sterile needle tip and/or a cotton bud. This is usually carried out only by trained clinicians.



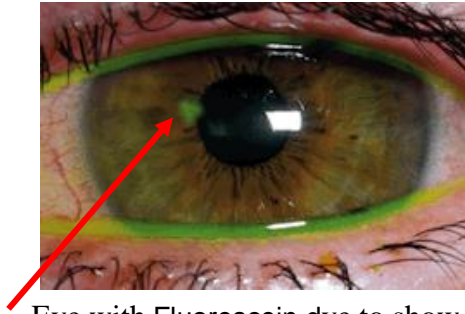
Penetrating (through the surface of the eye) foreign bodies in the eyes require specialist treatment and therefore are **NOT SUITABLE FOR TREATMENT IN THE TREATMENT CENTRE** and need emergency treatment in A&E.



### **Corneal Abrasion**

Caused by scratching the eye surface by being poked in the eye or rubbing the eye when a foreign body is present (dust, sand, eye lashes, tiny metal fragments).

Scratches can cause infection (bacterial or fungal) and some infections can cause serious harm rapidly. Corneal abrasions are suitable for treatment in the Treatment centre.



Eye with Fluorescein dye to show abrasion

### **Chemical Burn**

Chemical exposures to the eyes are often the result of splashes of liquid into the eye. Chemical burns to the eyes are **NOT SUITABLE FOR TREATMENT IN THE TREATMENT CENTRE** and need emergency treatment in A&E..

Acid chemical burns cause pain and redness but are considerably less dangerous and more easily washed out of the eye than alkaline burns.

Alkaline burns are much more serious and often do not cause as much initial pain or redness as acid burns.



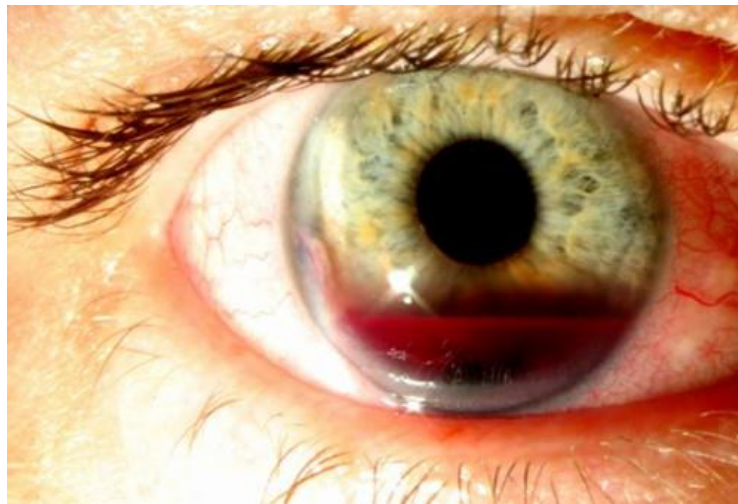
### **Hyphema and Orbital Blow-out Fracture**

Hyphema is bleeding into the anterior chamber of the eye between the iris and the cornea.

Orbital blow-out fractures are cracks or breaks in the facial bones surrounding the eye.

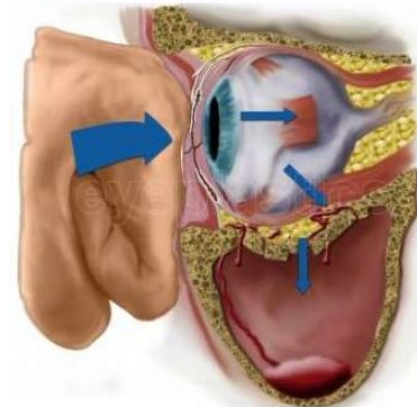
Both hyphema and orbital blow-out fracture are serious eye injuries and medical emergencies. They are caused by blunt trauma to the face such as being hit in the face by a bat, ball, punch or kick to the face.

These injuries are **NOT SUITABLE FOR TREATMENT IN THE TREATMENT CENTE** and need emergency treatment in A&E.



Hyphema

### **MECHANISM OF FRACTURE**



- Force of blow → backward displacement of eyeball → intraorbital pressure increases → fracture in the weakest point of orbital wall

## Other conditions (non injury)

### **Subconjunctival Haemorrhage**

Eye bleeding is caused by the leaking of one or more blood vessels lying between the sclera (white of the eye) and the conjunctiva (clear covering of the eye). It is usually the result of minor trauma to the eye.

A subconjunctival haemorrhage is painless and causes no visual loss. No acute treatment is required. This condition is suitable for Treatment centre assessment.



### **Conjunctivitis**

Further information coming soon.

### **Cysts, swellings, blocked tear duct, watery or discharging eyes**

Further information coming soon.

Orbital Blow-out Fracture

Appendix One

Hand-held Snellen Chart

