

Birmingham and Midland Eye Centre

# PRE-OPERATIVE ONE STOP CATARACT CLINIC GUIDELINES

<b>Reference</b>	<b>BMEC/Ophth/012</b>
<b>Category</b>	Birmingham and Midland Eye Centre/Ophthalmology
<b>Date Approved</b>	27-09-2011
<b>Date of Next Review</b>	27-09-2013

<b>POLICY PROFILE</b>	
<b>Overview</b>	
Key overall purpose of policy	Guidelines on the running of a one stop cataract clinic.
Principal target audience	Ophthalmology staff
Application	Trust wide
Accountable Executive Director	Clinical Director Ophthalmology
Author(s)	Senior cataract nurse practitioner; Ophthalmic Lecturer/Practitioner, BMEC
<b>Impact Assessment</b>	
Resource implications	
Training implications	
Communications implications	
Date of initial equality impact assessment	
Date of full equality impact assessment (if appropriate)	
NHS LA risk management standards/ CQC core standards	
<b>Consultation and referencing</b>	
Key stakeholders consulted/involved in the development of the policy	Naomi Bridgewater Lecturer/practitioner Anne Murphy Senior cataract practitioner Gurjit Bhatti Cataract practitioner Mr Elsherbiny Consultant Ophthalmologist Miss Stavrou Consultant Ophthalmologist
Complementary Trust documents for cross reference	
<b>Approvals and monitoring</b>	
Approving body	Divisional Governance Group Drugs and Therapeutic Committee
Date of implementation	27-09-2011
Monitoring and audit	<i>Cataract practitioners/consultant ophthalmologists</i>

<b>DOCUMENT CONTROL AND HISTORY</b>				
<b>Version No</b>	<b>Date Approved</b>	<b>Date of Implementation</b>	<b>Next Review Date</b>	<b>Reason for Change</b> e.g. full rewrite, amendment to reflect new legislation, updated flowchart, etc.
3	27-09-2011	27-09-2011	27-09-2013	Reviewed and no changes required

# **Guidelines for adult ophthalmic patients attending the ‘one stop’ cataract clinic and requiring pre-operative assessment**

## **1.0 Introduction**

In an ophthalmic eye outpatients department a substantial proportion of patients will be referred with a cataract. Previously patients attended clinic and if listed for cataract surgery would then need to attend at a later date for a pre-operative assessment. One-stop cataract clinics prevent the need for another appointment. The pre-op assessment is carried out on the same day as the clinic appointment and the patient may be offered a choice of dates for their surgery before they leave.

## **2.0 Aims and Purposes**

- 2.1 To enhance the role of the ophthalmic nurse in the pre operative care of patients who have been referred with a cataract.
- 2.2 To streamline cataract patient pathway and therefore reduce the number of hospital visits.
- 2.3 More efficient use of clinic time.
- 2.4 Prevents duplication of work
- 2.5 A greater emphasis can be placed on patient empowerment, health education, cooperation and compliance through the facilitation of the patients appropriate teaching and learning.
- 2.6 To ensure all nurses are working within the NMC ‘Code of Professional Conduct’ & ‘Scope of Professional Practice’

## **3.0 Objectives**

- 3.1 Training in the pre operative assessment of patients will take place prior to nurses working in the clinic.
- 3.2 The protocols, guidelines and patient group directives relating to the pre operative care of patients in the one stop cataract clinic, will be available in all clinical areas within the ophthalmic unit at all times

## **4.0 Definitions**

**GP** – General Practitioner

- NMC** – Nurses and midwives Council
- PGDs** – Patient Group Directives
- BMEC** – Birmingham and Midland Eye Centre

## 5.0 Specific Detail

- 5.1 On arrival at the clinic the ophthalmic patient after registering at reception will be welcomed by the nurse .. The patient will then be informed of the expected events of their visit.
- 5.2. Patient Inclusion Criteria:- Patients will have been referred with suspected cataract.
- 5.3 The patient's visual acuity will be checked.
- 5.4 A generic and ophthalmic history will be taken. This should include age, sex and nationality, preferred language, current employment and whether patient drives.
- 5.5 Establish what visual problems the patient is experiencing and how these are affecting their day-to-day life.
- 5.6 Record details of medications, allergies and general health problems, as well as past ophthalmic and family ophthalmic history. If the patient presents with a history of a penicillin allergy it is important to establish if this is a true allergy. Pertinent information to obtain include the nature of the allergic reaction, exact signs and symptoms, the name of the antibiotic taken and how long the drug was taken before the symptoms occurred. See trust policy on assessment and management of penicillin allergy in adults.
- 5.7 Nurse will check IOP with tonopen  
Check pupil reaction for RAPD
- Dilate both eyes with Tropicamide 1%
- NOTE**  
Patients are seen by the ophthalmologist for fundal examination.
- 5.8 If patient is listed for cataract surgery:
- Undertake pre operative assessment and biometry according to appropriate protocol.
- 5.9 If patient is listed for general anaesthetic bring back to Doctor led pre-operative assessment clinic

Offer patient choice of dates for surgery.

## **6.0 Training and audit**

- 6.1 Nurses carrying out the pre operative assessment will have completed the in house training successfully.
- 6.2 Training will include a theory component in parallel with practice. The practical component will employ teaching and learning strategies which include observation, supervised practice, one to one and small group tutorials.
- 6.3 Nurses performing biometry will have undergone in house training and been assessed as competent to perform biometry. They will also have attended a biometry study day.
- 6.4 The protocols and patient group directives associated with this role will be reviewed through the process of clinical audit.

## **7.0 Finance**

- 7.1 There will be financial implications for this role during the initial training / learning period. This will include some off site training with related costs however the majority of training needs will be accommodated in house
- 7.2 The compilation of any new protocols and PGDs pertinent to this role will require a time allocation for those involved

## **8.0 References**

Department of Health (2002) Action on Cataracts – good practice guidance  
NHS executive HMSO London

Reveley S et al (2002) Setting up a Nurse Practitioner Service. Nursing  
Standard, November 20 Vol 17, No10, 33-37

Royal College Of Ophthalmologists: Cataract Guidelines September 2010

Assessment and management of penicillin allergy in adults SWBH policy  
document 2009