

Birmingham and Midland Eye Centre
Ophthalmic Guideline

GUIDELINE FOR THE MANAGEMENT OF OPHTHALMIC PATIENTS REQUIRING THE REMOVAL OF SUPERFICIAL CORNEAL FOREIGN BODY / BODIES, BY OPHTHALMIC NURSE PRACTITIONERS

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Accountable Executive Lead	Clinical Director - Ophthalmology
Approving body	Governance Group – Surgery B Drugs and Therapeutic Committee
Policy reference	BMEC/Ophth/025

ESSENTIAL READING FOR THE FOLLOWING
STAFF GROUPS:
Ophthalmology clinical staff

STAFF GROUPS WHICH SHOULD BE AWARE OF
THE POLICY FOR REFERENCE PURPOSES:
Ophthalmology clinical staff

POLICY APPROVAL
DATE:
December 2012

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IMPLEMENTATION
DATE:
December 2012

DATE POLICY TO
BE REVIEWED:
December 2015

DOCUMENT CONTROL AND HISTORY

Version No	Date Approved	Date of implementation	Next Review Date	Reason for change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, etc.)
1	February 2008	February 2008	February 2010	Full review
2	December 2012	December 2012	December 2015	

The autonomous clinical care and treatment of ophthalmic patients requiring the removal of superficial corneal foreign body / bodies, by ophthalmic nurse practitioners

1.0 INTRODUCTION

This protocol has been formulated by the multidisciplinary team at the Birmingham and Midland Eye Centre, part of the Sandwell and West Birmingham Hospitals NHS Trust. Its purpose is to provide guidance for nurse practitioners undertaking the autonomous clinical care of ophthalmic patients requiring the removal of a superficial corneal foreign body / bodies, in the accident and emergency or out patient setting. It should be used in conjunction with the approved ophthalmic Patient Group Directions number 002,013,025, 032, 033 (see appendix 1) and ophthalmic procedure 'removal of superficial corneal foreign body' (BMEC/opth/024).

2.0 AIM / PURPOSE

The aim of the guideline is to ensure that practitioners undertaking this care comply with the best practice guidelines thus optimizing patients comfort and safety.

3.0 OBJECTIVES

- 3.1 Ensure there is a process in place agreed by the multidisciplinary team.
- 3.2 That all staff are aware of their role and responsibilities pertaining to the procedure.

4.0 DEFINITIONS

ONP	–	Ophthalmic Nurse Practitioner
Cornea	–	transparent 'window' at the front of the eye
Corneal foreign body	–	foreign particles which are sited superficially on the cornea, and are not deeply embedded.
Photophobia	–	sensitivity to light
GP	–	General Practitioner
PGD's	–	Patient Group Directions

5.0 SPECIFIC DETAIL

- 5.1 On arrival at the unit the patient will report to reception where generic details will be documented.

- 5.2 The patient will then be directed to the triage desk and examined by the triage nurse. Following the triage criteria guidelines the patient will be assigned to the most appropriate group.
- 5.3 The nurse will then inform the patient / carer of the expected events of their visit and will answer any questions arising.
- 5.4 For patients who fall within the remit of the nurse practitioners 'Scope of Professional Practice' they will be seen by the ONP. She will introduce her/himself to the patient and explain her role as regards the patient's care.
- 5.5 The ONP will then assess the patient, check and record their visual acuities and document a clinical history.
- 5.6 The ONP will carry out an ophthalmic examination using the slit lamp, following an explanation of likely events to the patient. It is likely the patient will present with the following clinical picture:
- Significant history
 - Foreign body sensation
 - Excess Lacrimation
 - +/- pain or discomfort
 - +/- Red eye
 - Photophobia
 - And / or difficulty in keeping eye / eyes open
- 5.7 An appropriate plan of care will be made following ophthalmic slit lamp examination which verifies the presence of a superficial corneal foreign body / bodies.
- 5.7 An explanation of the condition and appropriate treatment will be given by the ONP to the patient. This is likely to include:-
- Instil local anaesthetic, Oxybuprocaine (Benoxinate) 0.4%.
 - Remove the foreign body / bodies with a wool bud or 21G needle.
 - Instil Guttea Cyclopentolate 1% stat if patient has photophobia.
 - Instil Oculentum Chloramphenicol 1% stat.
 - Issue a prescription for Oc Chloramphenicol 1% QDS x 7 days to affected eye.
 - **If contraindications to this exist then Fusidic Acid 1% should be issued instead twice aday for 7 days.**
 - Orbital X-Ray should be undertaken if there is a history of high velocity hammering and chiselling where intra ocular foreign body is suspected.
 - Instruct the patient to return if symptoms are worse.
- 5.9 The patient will then be given all instructions regarding revisits, antibiotic regime if necessary and appropriate aftercare. Any questions arising will be answered.
- 5.10 Before leaving the department the patient/carer will be in receipt of an internal prescription sheet if deemed necessary, and appropriate information sheets.
- 5.11 A letter will be sent to / given to the patient for the patient's GP, following computer details being entered by staff on completion of their visit.

6.0 TRAINING

- 6.1 Nurses carrying out autonomous clinical nursing practice pertaining to this guideline will be The autonomous clinical care and treatment of ophthalmic patients requiring the removal of superficial corneal foreign body / bodies, by ophthalmic nurse practitioners

registered general nurses, with an ophthalmic nursing qualification plus successful completion of ophthalmic nurse practitioner in-house or external training.

- 6.2 The opportunity to access appropriate training will be given to registered general nurses with an ophthalmic qualification and at least eighteen months ophthalmic experience in an ophthalmic accident and emergency department to take on further in-house training as an ophthalmic nurse practitioner.
- 6.3 The protocols, guidelines, procedures and PGD's associated with this role will be reviewed through the process of clinical audit.

7.0 FINANCE

- 7.1 There will be a financial implication for this role during the nurses initial training / learning period. This will include some out of department training with related replacement costs, however the majority of training needs and assessment of competency will be accommodated in-house.
- 7.2 The compilation of any new or review of old protocols, guidelines, procedures and PGD's pertinent to this role will require a time allocation for those involved.

8.0 REFERENCES

Hatchett R (2003) (Edited by) *Nurse Led Clinics Practice Issues*. Routledge, Taylor and Francis group. London.

NMC (2004) *The NMC code of professional conduct: standards for conduct, performance and ethics*. NMC, London.

Needham (2000) *Developing the role of the ophthalmic nurse in England*. Insight Jul-Sept 25 (3): 81-7

Reveley S et al (2002) *Setting up a Nurse Practitioner Service*. Nursing Standard, November 20 Vol 17, No 10, 33-37.

Stollery R, Shaw M, Lee H (2005) *Ophthalmic Nursing (3rd Edt)*. Blackwell Scientific.

UKCC (1992) *Scope of Professional Practice*, London: United Kingdom Central Council(available through the Nursing and Midwifery Council, London)

APPENDIX 1

PGD 002 The administration and supply of Oc.Chloramphenicol 1% for prophylaxis following ocular trauma or foreign body removal.

PGD 013 The instillation of minims Fluorescein Sodium 1% stat by an ophthalmic nurse to aid in the diagnosis of a corneal foreign body.

PGD 025 The administration and supply of Fucidic Acid 1% for prophylaxis following ocular trauma or corneal foreign body removal.

PGD 032 The instillation of Oxybuprocaine Hydrochloride 0.4% prior to the removal of a corneal foreign body requiring corneal anaesthesia; by an ophthalmic nurse

PGD 033 The instillation of minims cyclopentolate 1% stat to a patient attending ophthalmic accident & emergency department who requires pupil dilation as part of their therapeutic treatment.