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Nursing Management of Patients with Eye and Ear Disorders

Adult Health Nursing

Cataract, glaucoma, conjunctivitis, retinal detachment, refractive errors, otitis media, otitis externa, hearing loss and Meniere's disease.

For educational purposes only.

CHAPTER 14 / ADULT HEALTH NURSING 14. Nursing Management of Patients with Eye and Ear Disorders

1. Assessment

History: vision change, pain, trauma, redness, photophobia, discharge, diabetes and medicines. Assess visual acuity in each eye, pupils, fields and external structures; specialist examination includes tonometry, slit lamp and fundus exam. Sudden vision loss, chemical injury or painful red eye with nausea is urgent.

Cataract

Definition and pathophysiology: Lens opacity associated with ageing, diabetes, trauma or other causes.

Clinical features and investigations: Gradual painless blurring, glare and reduced contrast; slit-lamp examination.

Management and nursing care: Surgery when function affected; pre/postoperative instructions, prescribed drops, avoid eye rubbing and report increasing pain or reduced vision.

Glaucoma

Definition and pathophysiology: Progressive optic neuropathy often associated with elevated intraocular pressure.

Clinical features and investigations: Open-angle often initially silent; acute angle closure causes painful red eye, halos, headache/nausea, urgent vision threat.

Management and nursing care: Prescribed pressure-lowering drops, laser or surgery. Teach technique, adherence and monitoring; acute angle closure is emergency.

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Conjunctivitis

Definition and pathophysiology: Conjunctival inflammation from viral, bacterial, allergic or irritant causes.

Clinical features and investigations: Redness, discharge/itching; pain, photophobia or reduced vision suggests other serious disease.

Management and nursing care: Hand hygiene, avoid shared towels, appropriate treatment by cause; contact lens wearer with painful red eye needs urgent evaluation.

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Retinal detachment

Definition and pathophysiology: Separation of neurosensory retina from supporting tissues.

Clinical features and investigations: Sudden flashes, floaters or curtain/shadow, often painless; dilated retinal exam.

Management and nursing care: Immediate ophthalmology referral; surgical repair may be indicated. Follow prescribed postoperative position and restrictions, especially intraocular gas precautions.

Refractive errors

Definition and pathophysiology: Optical focusing disorders: myopia, hypermetropia, astigmatism, presbyopia.

Clinical features and investigations: Blurred vision at distance or near; refraction and acuity testing.

Management and nursing care: Corrective lenses or selected surgery; screen vision and promote eye safety.

Diabetic retinopathy

Definition and pathophysiology: Microvascular retinal injury from diabetes.

Clinical features and investigations: Often silent early; later floaters or loss of sight; retinal screening and specialist imaging.

Management and nursing care: Glycaemic/BP management, scheduled retinal exams, laser/intravitreal or surgery when indicated. Educate that normal vision does not exclude disease.

Age-related macular degeneration

Definition and pathophysiology: Macular degeneration with dry (atrophic) and wet (neovascular) forms.

Clinical features and investigations: Central distortion or scotoma; Amsler grid may identify changes, retinal imaging.

Management and nursing care: Urgent referral for new distortion; anti-VEGF therapy for selected wet disease, low-vision aids and smoking cessation.

2. Nursing responsibilities

Identify correct eye and medicine, avoid touching dropper to eye, use prescribed interval between drops and punctal occlusion when instructed. Promote fall prevention, orient patients with visual impairment and explain procedures verbally. For chemical exposure irrigate promptly according to emergency protocol and seek urgent assessment.

3. Assessment

Assess onset of hearing change, tinnitus, vertigo, ear pain/discharge, nasal obstruction, swallowing, voice and airway. Otoscopy, audiometry, tympanometry, nasal examination and laryngoscopy are selected. Stridor, rapidly progressive swelling or inability to swallow saliva suggests airway risk.

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Otitis media

Definition and pathophysiology: Middle-ear inflammation/infection, often after URTI.

Clinical features and investigations: Otalgia, fever, reduced hearing; bulging tympanic membrane supports acute middle-ear infection.

Management and nursing care: Analgesia, observation or antibiotics according to clinical criteria; monitor mastoid swelling and complications.

Otitis externa

Definition and pathophysiology: Inflammation of external canal, commonly bacterial after moisture/trauma.

Clinical features and investigations: Pain on tragus/pinna movement, canal swelling/discharge.

Management and nursing care: Prescribed topical therapy, keep ear dry and avoid instrumentation; diabetes/immunosuppression with severe pain warrants urgent evaluation.

Hearing loss

Definition and pathophysiology: Conductive (external/middle ear), sensorineural (cochlear/nerve) or mixed.

Clinical features and investigations: Difficulty hearing, tinnitus; audiometry and exam.

Management and nursing care: Treat reversible causes, hearing aids/cochlear implant assessment as indicated; face patient and reduce noise. Sudden sensorineural loss needs urgent ENT review.

Meniere disease

Definition and pathophysiology: Inner-ear disorder associated with episodic vertigo, fluctuating sensorineural hearing loss, tinnitus and fullness.

Clinical features and investigations: Recurrent episodes; audiometry and specialist exclusion of other causes.

Management and nursing care: Fall precautions, symptom treatment, individualized diet and specialist therapy; assess sudden neurological symptoms for stroke.

Sinusitis and rhinitis

Definition and pathophysiology: Sinus mucosal inflammation, often viral; rhinitis may be allergic or infectious.

Clinical features and investigations: Nasal congestion, facial pressure, discharge, sneezing/itching; eye swelling or neurological symptoms are alarms.

Management and nursing care: Saline irrigation using safe water, prescribed intranasal therapy, antibiotics only for indications. Teach trigger avoidance.

Tonsillitis and pharyngitis

Definition and pathophysiology: Inflammation due to virus or bacteria including group A strep.

Clinical features and investigations: Sore throat, fever, odynophagia; assess exudate and test when indicated.

Management and nursing care: Analgesia, fluids and appropriate antibiotics for confirmed/likely bacterial disease; drooling, trismus or muffled voice may indicate abscess/airway emergency.

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Laryngitis and head/neck cancer

Definition and pathophysiology: Vocal cord inflammation causes hoarseness; malignancies may involve oral cavity, pharynx or larynx.

Clinical features and investigations: Persistent hoarseness, nonhealing ulcer, dysphagia, neck mass, weight loss; endoscopy and biopsy.

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Management and nursing care: Voice rest/hydration for uncomplicated laryngitis; prompt specialist assessment of persistent symptoms, smoking/alcohol risk reduction, nutritional and speech support after cancer treatment.

4. Nursing responsibilities

Provide communication aids, safe ambulation for vertigo, oral hygiene and aspiration assessment. Avoid blind throat examination in suspected serious airway obstruction; escalate immediately. Observe for post-tonsillectomy bleeding, including frequent swallowing or fresh blood.

5. Important Examination Questions

Long Answer Questions

1. 1. Describe cataract and glaucoma with nursing management.
2. 2. Describe otitis media and Meniere disease with nursing care.

Short Answer Questions

1. 1. Explain retinal detachment
2. 2. list refractive errors
3. 3. describe diabetic retinopathy screening.
4. 4. Compare conductive and sensorineural hearing loss
5. 5. explain sinusitis
6. 6. list signs of airway obstruction.

Very Short Answer Questions (with answers)

1. 1. Which structure becomes opaque in cataract? - Lens.
2. 2. What is tonometry? - Measurement of intraocular pressure.
3. 3. What is tinnitus? - Perception of sound without an external source.
4. 4. What tool measures hearing thresholds? - Audiometry.

6. Quick Revision

- Sudden painless visual loss may be retinal emergency.
- Glaucoma may be silent.
- Protect correct eye and aseptic drop technique.

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- Sudden hearing loss needs urgent evaluation.
- Stridor is an airway warning sign.
- Persistent hoarseness requires assessment.

7. Conclusion

Sudden painless visual loss may be retinal emergency. Glaucoma may be silent. Protect correct eye and aseptic drop technique. Sudden hearing loss needs urgent evaluation. Stridor is an airway warning sign. Persistent hoarseness requires assessment.

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Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which structure becomes opaque in cataract?

A. The retina
B. The optic nerve
C. The conjunctiva
D. The lens

2. Sudden flashes, floaters and a curtain-like shadow suggest which condition?

A. Retinal detachment
B. Uncomplicated refractive error
C. Gradual cataract
D. Allergic conjunctivitis

3. Which hearing-loss category arises from cochlear or nerve dysfunction?

A. Conductive loss
B. Sensorineural
C. Mixed loss
D. Central auditory processing difficulty

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Answer key and explanations

1. D - The lens

Cataract is opacity of the lens.

2. A - Retinal detachment

Retinal detachment may cause sudden flashes, floaters or a curtain-like shadow and requires immediate referral.

3. B - Sensorineural

Sensorineural hearing loss involves the cochlea or nerve; conductive loss involves the external or middle ear.

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