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Nursing Management of Patients with Eye Disorders

Medical Surgical Nursing

Conjunctivitis, cataract, glaucoma, refractive errors, retinal detachment, diabetic retinopathy and age-related macular degeneration.

For educational purposes only.

CHAPTER 12 / MEDICAL-SURGICAL NURSING 12. Nursing Management of Patients with Eye 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.

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.

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.

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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. Important Examination Questions

Long Answer Questions

1. 1. Describe cataract and glaucoma with nursing management.

Short Answer Questions

1. 1. Explain retinal detachment
2. 2. list refractive errors
3. 3. describe diabetic retinopathy screening.

Very Short Answer Questions (with answers)

1. 1. Which structure becomes opaque in cataract? - Lens.
2. 2. What is tonometry? - Measurement of intraocular pressure.

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4. Quick Revision

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

5. Conclusion

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

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B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Practice questions

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

1. A painful red eye with halos, headache and nausea suggests which urgent condition?

A. Uncomplicated conjunctivitis
B. Gradual cataract
C. Stable refractive error
D. Acute angle-closure glaucoma

2. Why are retinal examinations needed in diabetes even when vision seems normal?

A. Diabetic retinopathy can be silent early
B. Normal vision rules out retinal microvascular injury
C. Screening is useful only after complete sight loss
D. Retinopathy affects only the lens

3. Which technique helps prevent contamination when giving eye drops?

A. Rest the dropper tip against the conjunctiva
B. Avoid touching the dropper to the eye
C. Share the dropper between patients
D. Touch the tip to the eyelashes before each dose

4. A patient reports sudden severe eye pain, a red eye, blurred vision and nausea. What is the appropriate nursing response?

A. Arrange urgent medical or ophthalmic assessment
B. Schedule routine review several weeks later
C. Reassure that all red eyes resolve without treatment
D. Encourage driving to test visual clarity

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Answer key and explanations

1. D - Acute angle-closure glaucoma

Acute angle closure threatens vision and can cause a painful red eye with halos and nausea.

2. A - Diabetic retinopathy can be silent early

Diabetic retinopathy may be asymptomatic early; normal vision does not exclude it.

3. B - Avoid touching the dropper to the eye

Eye-drop administration includes avoiding contact between the dropper and the eye.

4. A - Arrange urgent medical or ophthalmic assessment

Severe painful red eye with visual disturbance may signal a sight-threatening emergency. Urgent specialist assessment is needed rather than a presumptive routine diagnosis.

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