Royal College of Nursing

Eyes Right: Eye care insights for every health professional

CLINICAL PROFESSIONAL RESOURCE

Acknowledgements

This guide is for all non-ophthalmic nursing staff, including health care assistants, in adult care settings ranging from non-ophthalmic hospital settings to residential and nursing homes. This guidance was reviewed in 2025 by the RCN Ophthalmic Forum committee members.

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Contents

1. Introduction

This guidance highlights the importance of eye care, the role and responsibility of the carer in delivering care and accessing the right care at the right time. Please also refer to local policies and procedures, where applicable.

The guidance focuses on the following topics:

- supporting the visually impaired person
- eye drop and eye ointment instillation
- cleaning the eye.

Ophthalmic emergencies:

- red eye
- flashing lights and floaters
- ocular pain
- copious discharge
- foreign body sensation
- chemical injury.

Non-emergency conditions requiring attention:

- entropion
- ectropion
- blepharitis.

2. Supporting the visually impaired person

Prevalence of visual impairment

- There are over 2 million people in the UK living with sight loss.
- 1 in 5 people aged 75 and over are living with sight loss.
- 1 in 5 people aged 90 and over are living with sight loss.

Adults with learning disabilities are 10 times more likely to have serious sight problems than other adults and children (Public Health England, 2020).

gov.uk/government/publications/eye-care-and-people-with-learning-disabilities/eye-care-and-people-with-learning-disabilities-making-reasonable-adjustments

3. Advice about regular eye tests

Is the person wearing the correct spectacles?

An older person may get confused with their spectacles if they have two pairs and may attempt to watch television with reading spectacles on.

Has the person had a recent eye test?

Sight tests should be undertaken on a yearly basis unless there is a change in vision, in which case an earlier appointment should be made.

If the service user has received notification from either an ophthalmic clinic or optician, that their vision loss falls into one of these three categories, they may be suitable for registration as visually impaired:

- visual acuity of 3/60 to 6/60 with full field of vision
- visual acuity of up to 6/24 with moderate reduction of visual field plus central vision is cloudy or blurred
- visual acuity of 6/18 or even better if half or more of the visual field is missing.

Common eye conditions may affect vision, for example:

- **cataracts** - causes blurring of vision and can affect contrast sensitivity
- **age-related macular degeneration** - can cause visual distortion and affect the central vision
- **glaucoma** - can affect both central and peripheral field of vision.

Certification of visual impairment (CVI) may be applied for in clinic by a consultant ophthalmologist, in order for people to obtain support with daily living and maintain independence.

4. Eye drop and eye ointment instillation

- Gather your equipment, including the drops, prescription, tissues or cotton wool balls.
- Store the eye drops and ointment as per manufacturer's instructions. Wear gloves, as required, for example if likely to be in direct contact with the conjunctiva or if there is a risk of contamination from eye lids or orbital wounds.

  Aprons are not required routinely unless there is a risk of gross contamination of uniform.
- Wash or gel your hands and allow to dry thoroughly before and after instilling the drops or if the hands become contaminated during the procedure. Gloves are required if hands are in contact with the conjunctiva, or if there is a risk of contamination from eye lids or orbital wounds.
- If the patient has had eye surgery in the last 24-48 hours, the procedure should be aseptic.
- Prepare your patient (sitting or lying with the head supported) and obtain consent.
- Establish you have identified the correct eye.
- If contact lenses are worn, these should be removed unless instructed otherwise, and re-inserted after 30 mins, if trained and assessed to do so, as per local policy.
- Examine the eye(s) before instilling the drops/ointment to look for signs of improvement or deterioration or allergy.
- You may need to clean the eye lids if required, for example if there is crusting on the eye lids.
- Check that the drops/ointment have not expired and are due to be instilled. Gently agitate the bottle as settling may have occurred, if appropriate.
- If using a drop, gel, and/or ointment, use them in this sequence; drop first, then gel, and then the ointment (Source: Nyawira M, Kenan L. *How to use your eye medication. Community Eye Health*. 2023;36(118):8. Epub 2023 May 22. PMID: 37273811; PMCID: PMC10236409).
- If using an eye ointment at the same time as eye drops, always use eye drops first and leave a 5 minute gap before using the ointment. (Source: Moorfields Eye Hospital How to Use Your Eye Drops **moorfields.nhs.uk/mediaLocal/i21m3rba/how-to-use-your-eye-drops.pdf**)
- Remove the cap and place it on a clean surface.
- Warn the patient that the eye drops may sting or ointment will cause blurring of vision – this is temporary.
- Ask the patient to look up. Using the tissue, gently pull down the lower eye lid to form a pocket (fornix) in which to instil the eye drop/apply the ointment. Instil the drop into the fornix or apply a ribbon of ointment.

- Release the eye lid and ask the patient to gently close their eye for a slow count of 60. This will help the drug to absorb.
- Allow the patient to mop their cheek to clear excess drop and for comfort, or wipe excess ointment from the lids.
- If another eye drop is required, wait 5 minutes between eye drops to the same eye.
- If ointment is required, always instil the eye drop first.
- Make the patient comfortable.
- Clean and replace the patient's spectacles, if worn.
- Perform hand hygiene after medication administration.
- Complete your documentation.
- Take every opportunity to teach the patient to instil their own eye drops or apply their appointment, and instruct the carer on how to assist if needed.

Check...

- right patient
- right medication
- right dose
- right route
- right time
- right to refuse
- right assessment
- right evaluation
- right documentation
- right patient education.

5. Cleaning the eye

- Identify the patient and explain the procedure to obtain consent.
- Make them comfortable, sitting or lying, with the head supported.
- Wash or gel the hands before and after the procedure or if the hands become contaminated during the procedure.
- If the eye lids have been operated on and sutures are present, use non-linting and sterile swabs to clean the eyelids, otherwise use sterile cotton wool balls. Follow post-operative instructions as advised.
- In the home, use cooled boiled water (if sterile water is not available), contained in a clean receptacle. In hospital or residential nursing or care settings, use sachets of sterile normal saline or sterile water.
- A specialist eye dressing pack may be used. If not a sterile dressing pack may be used, but do not use any forceps as they may damage the eye or eye lids. The pack should be placed on a clean surface.
- Protect the patient's clothing with a drape, such as a clean tea towel.
- Examine the eye lids and eye with a clean pen-torch and note and report any abnormalities such as redness, increased temperature, unusual swelling or presence of discharge.
- Ask the patient to close their eye lids.
- Moisten the swab using one hand. Transfer the swab to the other hand. Gently clean the eyelids from the nasal side to the outer corner.
- Discard the swab into a bag/container away from the sterile or clean materials.
- Take another swab as before. Ask the patient to look up so as to avoid damaging the cornea. Swab the lower lid, taking care to clear debris from the lashes.
- Repeat as required until the lids are clean. Be careful not to make the lids sore.
- Now take a dry swab, ask the patient to close their lids and swab from the inner to outer edge of the lids to dry them.
- Make the patient comfortable.
- Clean and replace the patient's spectacles, if worn.
- Perform hand hygiene after medication administration.
- Clear away the equipment.
- Document your findings and inform your patient.

6. Daily living skills

Assess the environment for:

- lighting – it is important to check the correct lighting is in use. For example, energy saving light bulbs have a delay before illumination, so fluorescent lights are better to prevent slips trips and falls.
- safety – hazards around the home should be identified and risks reduced, eg, hand rails and support aids provided.
- societal, emotional, educational, and employment needs of patient in your assessment. Liaise and refer accordingly. **rnib.org.uk/professionals/health-social-care-education-professionals/knowledge-and-research-hub/key-information-and-statistics-on-sight-loss-in-the-uk**.

What can help?

Low vision aids – can incorporate new technology, eg, mobile phone or tablets can be used to increase font size or adjust contrast.

Magnifiers – are also used to enlarge print for reading. The principles are to make things bigger, brighter, bolder!

Liquid level indicators – can be used to make a hot drink safely and sight awareness guide training by local authorities can be arranged.

7. Mobility

- Increased awareness aims to reduce the risk of falls.
- Cane training arranged by local authorities or sight loss organisations will help enable independence.
- Guide dog application can be considered.
- Learned routes so people gain knowledge of common routes they need to use as part of everyday living.
- In-home mobility training may be required for sudden visual loss, to familiarise people with potential risks to safety in the home.

8. Ophthalmic emergencies

In the event that you encounter any of the following circumstances:

- call NHS 111
- call your local Eye Emergency clinic triage line
- attend the nearest A&E Department.
- if you live in London, you can contact support via a video consultation to Moorfield's Attend Anywhere triage platform. **moorfields.nhs.uk/ae/emergency-care-video-consultation**

Signs and symptoms

- Sudden increase in ocular pain.
- Sudden loss of vision rather than gradual change in vision.
- Bleeding in or around the eye.
- Photophobia/sensitivity to light.
- Redness and abrasion.
- Ocular pain with headache and abdominal pain.
- Sudden painful swelling of the upper lid with an accompanying fever and feeling unwell.

Common emergency conditions

Red eye

- The patient has a painful red eye and has other symptoms, such as any change of vision, sensitivity to light, a severe headache and/or flashing lights.
- The patient has recently injured their eye.
- New or excessive amounts of mucus, especially green, present with changes in vision or eye pain requires medical evaluation to determine the underlying cause.

Figure 1

Flashing lights and floaters

- A new onset of floaters and flashing light in the eye.
- Gradual shading of vision from one side, like a curtain being drawn.
- Rapid decline in sharp central vision.

Foreign body sensation

- A foreign body is an object in the eye that shouldn't be there, such as a speck of dust, a wood chip, a metal splinter, an insect or a piece of glass.
- Don't remove a foreign body or attempt to remove it.

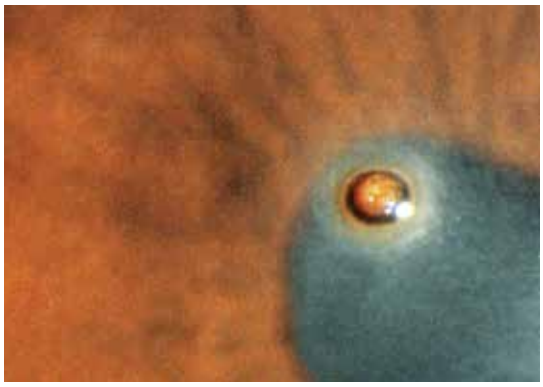

Figure 2

Chemical injury

- Chemical splashes, such as from corrosive substances, into the eye is an emergency as damage occurs quickly.
- The patient may experience and report a burning sensation, excessive tearing, pain, redness in the eyelid surface or blurred vision.
- Irrigate the eye(s) immediately with copious amounts of cold water for as long as possible, but in the first instance for up to a minimum of 10-15 minutes.
- The nurse is reminded to always use their professional judgment, when assessing urgent care needs, and if concerned or in the event of an emergency, consider dialing 999 for emergency care.

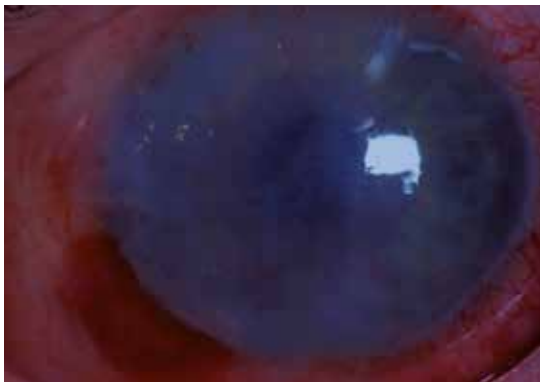

Figure 3

9. Eye care for unconscious and critically ill patients

Eye care is a vital part of the care of unconscious and critically ill patients. The natural protective and defence mechanism of their eyes may be compromised by the inability to blink and effectively close their eyes. This makes them susceptible to ocular surface damage and infection. They may develop ocular surface dryness, exposure keratopathy, corneal abrasion and corneal ulceration. Severe corneal damage can lead to sight loss. Unconscious and critically ill patients often are unable to close their ocular surface to be exposed. Eye can should be incorporated in their daily care. The principles of management are:

1) to prevent or control infection
2) to protect the eye
3) assessing the eye for complication and taking appropriate action.

Infection prevention and control

Hand hygiene and appropriate infection control measures should be in place. Regular eyelid cleaning should be done to remove any crusts, discharge or dried up ointment. Sterile or cool boiled water, or normal saline can be used to clean the eyes using gauze or tissues. Cottonwool should be avoided as small threads can get stuck onto the eye lashes and become a source of infection. If infection is evident or suspected, antibiotic ointment of drops should be considered.

Protecting the eye

Eye lubricants are recommended to relieve the ocular surface dryness. If the eyes are not closing properly (lagophthalmos) eye lid tapping can be done to close the eyes to prevent ocular surface exposure. This can be done as an accessory to the eye lubricants. It is important to keep the eyes free from any objects or equipment that could potentially cause ocular surface damage, for example a loose-fitting oxygen mask.

Assessing the eye for complications and taking appropriate action

As part of the holistic patient assessment, a gross eye examination should be done using a pen torch or a portable slit lamp if available. Additionally, it is good practice to examine the eye with each eye cleaning episode to assess for any signs of complications, for example redness, discharge, swelling. Ophthalmic opinion should be sought if any signs of potential serious eye problems are detected, for example corneal haziness and/or irregular pupils.

10. Non-emergency conditions requiring attention

In the event that you encounter any of the following circumstances, please contact the patient's optometrist or GP.

Entropion

- Either the upper and/or lower eyelid may turn inwards onto the eye, causing irritation, pain and watering of the eye.
- Untreated, the lashes rub on the cornea, damaging it and therefore affecting vision.

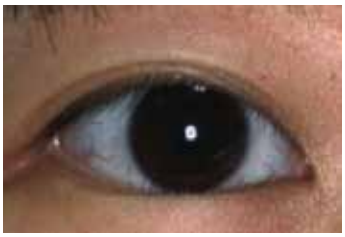

Figure 4

Ectropion

- The lower eye lid droops away from the eye to the point where you may see the pink inner surface of the eyelid.
- Untreated, several structures may be affected: cornea – may become dry and sore, which may lead to a corneal ulcer
    - tear duct – may be displaced so tears drain down the face instead of into the tear duct
    - dry eye – as tears are not staying long enough on the surface of the eye to lubricate the eye, more tears are produced to remedy this. This leads to a constantly watery eye.

Figure 5

Blepharitis

- Chronic inflammation of the eyelids can leave the lids sore and often crusted.
- Treatment is normally eyelid hygiene as discussed in the section on **Cleaning the eye**.

Heat treatment using warm compresses, massaging the eye lids or the use of heat bags warmed in the microwave can also help ease the symptoms of blepharitis.

Figure 6

Figure 7

11. Accessing services

Help can be sought in the following ways:

- medical referral from the GP
- for visually impaired individuals via CVI England, Wales and Scotland and A655 Northern Ireland registration: it is standard practice that a copy of the registration form, completed by the Ophthalmologist, will be sent to the person's local social services department
- self-referral can also be made to the local authority services.

Useful contact numbers:

RNIB helpline 0303 1239999 or **rnib.org.uk**

A 'buddy system' can be arranged, whereby people are put in contact with a visually impaired person who is coping positively with visual loss.

Patient support groups:

Macular Society helpline 0300 3030 111 or **help@macularsociety.org**

Glaucoma helpline 01233 648 170 or **helpline@glaucoma.uk**

For any of the listed common ophthalmic emergencies, please seek medical assistance. If you are unsure, please seek medical assistance.

References

Figures 1, 2, 5, 6, 7 = Figures 4.9, 5.3, 1.11, 4.5, 4.6 by permission from Jackson TL; Moorfields Manual of Ophthalmology 2nd Edition; JP Medical Ltd 2014.

Figure 3 = Figure 4.22 Courtesy of Mr. DH Verity.

Figure 4 = Figure 1.10 Courtesy of Mrs. N Dunlop.

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This guidance highlights the importance of eye care, the roles and responsibilities of the carer in delivering care, and accessing the right care at the right time. It covers support for the visually impaired, mobility and living skills, ophthalmic emergencies and non-emergency conditions requiring attention.

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The Nine Quality Standards

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Evaluation

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