Attention and Treatment in Ocular Emergencies

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WHAT is ocular emergency? What are the types of ocular emergencies? Ocular emergencies are of various types, e.g., Perforating Eye Injury, Angle Closer Glaucoma, Retinal Detachment, Intra-ocular Foreign Body, Painful Blind Eye, Pan Ophthalmities and End Ophthalmities, and Gun Shot Injury. Any ignorance towards the ocular problem may bring darkness for the whole life of a person.

These ocular emergencies need immediate attention and treatment. The present study is aimed at identifying the cases of ocular emergencies, related nature of ocular problems. This helps in understanding the frequency of surgical cases in various age groups.

Methods and Material

Sample : 117 cases were reported within a period of one year (March, 1983 to April, 1984) in the Department of Ophthalmology, Post-Graduate Institute of Medical Education and Research, Chandigarh.

In the sample group only the cases for whom surgery was performed were included :

Sample **March, 1983 to April, 1984**

	Age 1 to 19	*Age 20 & Above*	*Total*
Perforating Injury	34	15	49
R.D.	3	9	12
Foreign Body	10	1	11
Pan Ophthalmities & End Ophthalmities	2	12	14
Other Injuries	14	17	31
Grand Total	63	54	117

Methods : Information related to age, sex and diagnosis of 117 cases were collected. This helped in identifying the diagnosis of cases in various age groups alongwith indicative surgery and treatment.

Results : Results have been shown in the table describing surgery performed in different diagnostic and age levels.

Possible Causes of Ocular Emergencies

In developing countries like India 75% to 80% of the total population lives in villages. Majority of the village people are illiterate and ignorant. These people never care for their health. Moreover, medical facilities are not adequately available in the villages. Prevention of Blindness in India is a national programme included in the 20-Point programme of the late Prime Minister, Mrs. Indira Gandhi.

The main causes of Ocular Emergencies are as follows :

1. *Festivals :* One of the major causes of emergencies are Diwali and Dussehra, children want to play with bow and arrow, etc. Other is fire work e.g. cracker and Phool Jharis.

2. *Welding :* Employees and workers who are working in Welding factories those who do not know how to protect the eye during Welding and also do not know the dangers of welding for eyes. Welding can cause Photo Ophthalmia

3. *Iron Factories :* For those persons who are working in Iron factories, any splinter can cause Perforating Injury.

4. *Angle Closer Glaucoma :* It is such an emergency which should be taken care of immediately to control the disease and preserve the vision of the patient and followed by surgical treatment if needed.

Retinal Detachment

This is also an Ocular Emergency. This type of cases should also be taken care of immediately to preserve the vision of the concerned person.

All other Ocular Emergencies should also be provided medical treatment immediately.

Discussion

As the table shows the higher incident of Ocular Emergencies are in the age group of 1 to 19 years. So, the eyes of the younger children should be taken care of properly. It is evident from the data that in the age group 1 to 19 years more cases have been operated upon for Ocular Emergency. Age-wise, 1 to 19 years seemed to be important where 63 cases have been operated upon for Ocular Emergency. In the 20-and-above age group, 54 cases have been operated upon for Ocular Emergencies.

This signifies that still prophylactic measures are immensely needed to protect the eyes at the lower age level as well as for adults, This prevention requires attention only.

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where necessary, should be simple and supported by an explanation. Tact and a friendly objective approach by all grades of staff will do much to limit aggressive and violent behaviour. Whenthe staff attitudes to the patients are good, there is much less disturbed behaviour; if the nurse's attitude is usually right, the nurse's instinctive reaction at a moment of danger is likely to be right too.

It is important to listen to what the patients feel about their treatments. No attempt should be made to 'force' treatment upon a patient against his will as this may result in aggression being directed against staff.

Adequate staff support, so that the patient receives adequate attention and, should an aggressive episode occur, other patients can be supervised. Regular ward meetings and discussions are extremely useful.

An effective hand-over between staff is most important. Change in the environment may be the solution in the case of some elderly patients. Drugs such as chloro-diazepoxide or diazepam or other tranquilizers have some place in calming down the pathologically aggressive behaviour. An agreed Medical and Nursing Policy for dealing with potentially aggressive and violent patients must be communicated to all staff.

To sum up, the patient must be respected as an individual. The emphasis must be placed upon understonding aggressive behaviour and how to anticipate and prevent violent outbursts. Aggression often occurs in people who are unable to communicate in more appropriate ways. Reject the aggressive behaviour but *do not reject the patient.*

References :

Garland, M., 1983 : *The Other Side of Psychiatric Care.* London. The Macmillan Press Ltd.

Haslam, M.T., 1982 : *Psychiatry Made Simple.* London, Heinemann.

Koshy, K.T., 1982: Revision Notes on Psychiatry, 2nd Edn., London, Hodder and Stoughton.

Ocular Emergencies

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It is the duty of the trained doctors and nurses to educate the people working in factories (Iron) dealing with the welding work. Parents should not encourage children to play with bow and arrow and *Gulli Danda*. Even minor ailments of the eye should not be ignored. In the hospitals there should be posters in the Out-Patient Departments. Ophthalmic Nurse can educate the people, patients and their relatives. In the schools, teachers can teach the students regarding the care of the eye.

In factories workers can protect their eyes with protective glasses. During Diwali and Dussehra, children start playing with bow and arrow and *Gulli Danda*. They are dangerous games and the major causes of losses of eyes. Secondly, children should not be allowed to play with crackers and grown-up people should also play with care. These Ocular Emergencies are preventable. Other emergencies like R.D. and Glaucoma can be taken care of in the nearby hospital if the patients are aware of the dangers of the disease.

Important Decisions of the Council and House of Delegates

(Continued from Last Month)

Negotiating Status: The following measures may be taken to attain negotiating status for the TNAI with Government.

The State Nursing Superintendent/State Nursing Officer of each State may be taken as member of the TNAI Council. Necessary changes in the Rules & Regulations, and Byelaws be brought about.

A representative of the local Nurses' Association may be coopted as ex-officio member of the Branch Executive Committee provided he/she is a member of the TNAI.

To make membership of TNAI mandatory necessary changes in the State Nurses' Registration Council Act be initiated.

The TNAI policy on strikes be reviewed.

The ILO recommendations be taken up with the Government once again.

The Nursing Journal of India: The Advertisement Rates have been revised.

It was clarified that the State Branches which are not able to procure one advertisement in a year for the *Journal* may now be charged Rs. 750, equivalent to ½ page advertisement charge.

Revised Advertisement Rates

	Cover Pages	
	Contract	*Casual*
Inner Title and Back Cover each (single colour)	Rs. 2,000	Rs. 2,500

	Ordinary Position	
	Contract	*Casual*
Full Page	Rs. 1,200	Rs. 1,500
Half Page	Rs. 750	Rs. 900
Quarter Page	Rs. 450	Rs. 500
Job Position	Rs. 60 per centimetre per column with a minimum of Rs. 160 (Flat Rate)	

Policy on Strikes: The TNAI Policy on Strikes should be reviewed as the nurses are compelled to join the Unions because of lack of support from the TNAI in this respect.

SNA Decisions: The Council considered the measures to raise funds for SNA. It was decided to raise SNA Subcription fee from Rs. 3 to Rs. 5 per member per annum.

Status quo be maintained in respect of the number of Scholarships.

SNA Units be established in Multipurpose Health Workers' Training Schools also.

Vice-Presidents : Elections: The election for the offices of the Vice Presidents were held on October 8, 1985. The following were declared elected as Vice Presidents of TNAI: **1. Mrs. R.K. Sood, New Delhi; 2. Sister Francisca, Quilon, Kerala; 3. Mr. H.B. Joshi, Chandigarh.**