

My Notes & Procedures

BY

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Ophthalmic Nursing Series (V)

Diseases of the Conjunctiva

Conjunctivitis is inflammation of the conjunctiva characterised by redness with increased secretion which may be watery, muco-purulent or purulent. There may be swelling of the conjunctiva and also of the eyelids. Bacteriological examination will determine the causative organism and whether the condition is infectious.

There are several forms of conjunctivitis, the most important will be given i.e. simple acute conjunctivitis, the more serious purulent conjunctivitis as met with in ophthalmia of the new born baby: Ophthalmia Neonatorum; and the gonococcal conjunctivitis of the adult. Chronic conjunctivitis may occur in many forms from slight redness and irritation due to dust, smoke, injury etc., to the special types of angular conjunctivitis, and trachoma.

Simple Acute Conjunctivitis (Muco-purulent conjunctivitis). A variety of organisms may cause this contagious type of conjunctivitis and no time should be lost in starting treatment. The whole conjunctiva may be a fiery red and muco-pus may collect under the lids which, if left to dry, will form yellow crusts matting the lashes and sticking the lids together.

Treatment :

The eye is irrigated to remove the discharge and one of three methods adopted ;

(i) The *Undine*: The glass undine is most frequently employed. Boracic lotion 2% normal saline or sterile water may be used : the temperature should not be more than 80° F. The lotion and equipment must be sterile and aseptic precautions observed in carrying out the procedure.

Sterile equipment.

Tray

Bowl with wool swabs and, if required, dressings.

Undine.

Jug of lotion and thermometer.

Kidney dish for collecting irrigating lotion. Kidney dish for soiled swabs.

Cover guard.

(Note : If paper bag is used for collecting soiled swabs, it should not be put on the sterile tray.)

Unsterile.

Mackintosh,

Guard or towel.

Procedure.

Prepare and take tray to bedside ; screen patient. Explain procedure to patient.

Turn down counterpane. Remove head pillows. Arrange mackintosh and sheet under the head, draping to protect patient's clothing and bedding.

Place patient in the dorsal position with head turned slightly towards affected eye.

The nurse now proceeds to carefully wash her hands, drying on a clean towel or using sterile cover guard.

(Note: The habit of working with wet hands was discarded as poor technique ten years ago.)

Stand behind patient or in front facing eye to be treated. Place kidney dish in position; patient may hold it under the towel.

Using moist swabs, cleanse eyelids from within out using one swab for each outward wipe across. Remove secretions. Fill undine with lotion of the correct temperature. Very gently separate the eyelids, using the middle and fore fingers; avoid pressure on eyeball.

Gently commence irrigation by running a little lotion on the cheek to get patient used to the flow, and then direct the stream to the inner canthus. The patient should be instructed to "look up", "down" and so on. After irrigation, dry lids, instill drops if ordered; apply dressing if necessary.

Readjust bedclothes and pillows, leaving patient comfortable. Remove screens, tray etc. Attend to equipment and wash hands.

If the patient is an out-patient, he should be seated comfortably and his head supported when carrying out treatment.

(II) For babies it is usually better to irrigate an eye with wisps of cotton wool which are soaked in the lotion and squeezed so as to produce a gentle even flow.

(III) The *Eye-bath* may be used to bathe an eye in the home and the patient should be instructed in its care and use.

Drops used in Treatment.

After the irrigation of the eyes, drops are often prescribed. The following are commonly ordered:

1. Argylol or protagol 10% (fresh preparations).
2. Sodium Sulphacetamide 10%.
3. Penicillin, 1,000 units per C.C.

Procedure.

The lower lid is drawn down and a drop or two instilled on the inside of lid. Care must be taken that the pipette does not touch any part of the eye. The eyelids are allowed to close, thus distributing the drug over the surface of the eye.

Notes:

Do not bandage an eye with conjunctivitis unless there are complications e.g. corneal ulcer. It is better for the discharge to escape from the eye and for the eye to be exposed to the air. Dark glasses or a lint flap may be used to protect the eye from the light.

Take care to prevent spread of infection to an unaffected eye.

Wash hands carefully to avoid contaminating own eyes.

In acute inflammatory conditions where pus is under tension, the nurse must take precautions when opening the patient's eyelids that pus does not spurt up into her own eyes.

Nurses learn early in their student days that the most important thing in the hospital is the patient, and that smoothing a fevered brow requires more than a sympathetic hand. Optimism and a sense of humour are the tricks of the profession highly appreciated by the patient, and a cheerful nurse is good medicine.

(Acknowledgements to Provincial Directory and manual 1951 of the Alberta Association).