



Eye Care in Critical Care

Aim: To provide guidance on nursing care for the eyes of patients in Critical Care

Scope: All adult patients in Critical Care

ASSESS EYES / PATIENT

- Within **4 hours** of admission
- At least **12 hourly** thereafter

PATIENT AWAKE & ABLE TO BLINK

- Allow patient to perform own eye care (or with assistance when required) by cleaning eyes as part of the patient facial wash or at patients request.
- If eye become sticky or encrusted use sterile gauze and sterile water

Seek senior medical / ophthalmology advice for patients with eye disease, infection or injury, including post-op surgery and chemo/radiotherapy related red eye.

Standard Eye Care

1	Clean eyes with sterile water soaked gauze , cleaning from inner aspect of lids at the nose and sweep across the lids to outer aspect. This prevents the spread of infection or debris being introduced into the lachrymal system .
2	Clean along both sets of lashes; do not drag debris across the surface of the eye.
3	Use new gauze swab for each sweep and for each eye.
4	Apply prescribed ocular lubricant.

Sedated Patient (Difficulty Blinking)

- Standard eye care 4 hourly
- If incomplete eye closure/difficulty blinking apply prescribed lubricant
- Consider taping eyelids closed, especially during interventions e.g. proning, transfers and procedures.

Sedated & Paralysed (Unable To Blink)

- Lubricate eyes 4 hourly
- If eye closure incomplete with corneal exposure, apply prescribed lubricant and tape eyelids closed
- Consider taping eyelids closed, especially during interventions e.g. proning, transfers and procedures.

HIGH RISK OF EYE INJURY

Please see your units full guidelines for more information

(V3 2024)

