

PERSONAL CARE - EYE SWABBING

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1. CONSIDERATION:

Normal face washing, including the eye area, will be sufficient for most residents. However, eye care may be necessary to relieve pain and discomfort or to prevent infection, for example for the very ill or unconscious resident.

Infection can easily be transmitted from one eye to the other by careless technique. Aseptic technique is not always essential when performing eye care but each eye must always be treated separately. The position of the resident and the nurse in relation to the light source is vital in order for the procedure to be carried out safely and efficiently.

2. POSITION OF THE RESIDENT:

Where possible the resident should be lying down with his / head tilted backwards and chin tilting upwards. This enables ease of access to the eyes. It is also easier for the resident to maintain his / her in this position when lying down.

3. POSITION OF THE NURSE:

If possibly the nurse should work from behind the resident's head which gives ease of access to both eyes and any equipment used can be kept out the residents line of vision.

4. EQUIPMENT:

- Sterile Dressing Pack
- Sterile normal saline solution

5. PROCEDURE:

- 5.1 Explain the procedure to the resident.
- 5.2 Assist the resident into the correct position: Head well supported and tilted back. The resident will need to be discouraged from flinching or making unexpected movements and so should be in the most comfortable position possible at the start of the procedure.
- 5.3 Ensure an adequate light source, taking care not to dazzle the resident. This ensures maximum observation of the eyes without causing the resident harm or discomfort.
- 5.4 Wash and dry your hands thoroughly. Asepsis is essential, particularly where the resident has a damaged eye or has just had an operation on the eye. Infection can lead to loss of an eye.
- 5.5 To ensure cross-infection always treat the uninfected or eye un-inflamed first.
- 5.6 Using a slightly moistened gauze, ask the resident to look up and swab the lower lid from the nasal corner outwards. This avoids swabbing of the discharge into the lacrymal punctum, or even across the bridge of the nose into the other eye. If the swab is too wet the solution will run down the resident's cheek and cause discomfort.
- 5.7 To avoid touching the sensitive cornea, ensure that the edge of the swab is not above the lid margin.
- 5.8 Avoid infection by using a new swab each time, repeat the procedure until all discharge has been removed.
- 5.9 Swab with a dry swab as moist areas encourage bacterial growth.