

## WARD RULES OPHTHALMOLOGICAL SERVICE

Cases classified. 1. operative (a. non intraocular  
(b. intraocular  
2. medical (a. non contagious  
(b. contagious

Isolation: The isolation of cases will be essential for certain medical conditions as trachoma etc. Eye complications of the infectious diseases will be treated at the contagious ward. Likewise certain conditions that might be classified a septic surgery will have to be placed in that surgical division. The eye ward is to be essentially a clean ward and infection cases will be isolated.

General surgical rules apply for all cases of surgery and the handling of wounds governed by general surgical principles.

Of special importance is the handling of the intraocular case of injury or post-operative management. It is in this group of cases that care in management is so essential to prevent complications.

Beds are to be tagged in a manner that such patients are readily identified by all personnel of the ward including the patients.

Intraocular cases are to be quiet in bed. This may necessitate sand bags to prevent head movements when the patient is asleep. Departures from the quiet stage will be noted in the chart.

The patient can be made comfortable and yet be kept quiet by certain changes in body position without materially changing the head. This will depend upon the types of beds present (cataract bed excellent) and the materials available. Position may be altered by pillows, changing leg positions, and usually by turning patient on his side with the operated or injured eye up unless designated otherwise.

Caution the patients when they are being moved. Tell them not to strain or help any more than necessary since straining may be a cause of a serious complication. Remember that these patients with both eyes bandaged are blind and unless the caution is repeated and repeated they will automatically try to help.

The gently handling of patients is likewise very essential on their return from the operating room. See that adequate help is present on placing them from the carts to their beds and the senior attendant is to be responsible for the management of the patients head.

Protective shields of the eyes will be worn by all intraocular cases, P.O. or traumatic. The attendants are to be responsible to see that they are worn and are in proper adjustment at all times. They are not to be removed unless by proper authority.

Dressings will be done by the officer in charge of the ward only unless specified otherwise. The dressing tray will be kept fully equipped at all times.

Diets will be as tolerated. A feeding routine will be worked out for those cases with bilateral bandages of the eyes and those restricted to bed.

Smoking is permissible providing it does not excite coughing and the smoking blind patient is under constant supervision because of the fire hazard. Remember that cotton is readily inflammable.

Medication Local for the intraocular case will be done at the time of the dressing. Under no circumstances will a dressing be removed from a tagged case for medication without specific instructions from the officer in charge.

Wrong medication is a source of complications even in the medical cases and the medication to be used should not be placed in the patient's eye unless you are absolutely sure that it is the right medicine.

Rational of Treatment. It is to be noted that extreme caution is exercised in the treatment of cases of intraocular injury or operation. This is necessary due to the delicacy of the eye structures and the fact that a slight bump or the raising of the intraocular pressure by a straining, cough, or retch may readily start a hemorrhage or open up a recent intraocular wound with the prolapse of intraocular contents. The damage from a minor infraction of the rules of caution may be the cause of irreparable damage and even to the loss of the vision of the eye. If this caution can be instilled through out the personnel of the ward it can be readily be grasped by the patients there and the patient who is up and about and can see will be on the alert to help the blinded patient and yet will exert caution in what he is likely to do for a patient who request some help.

Complications are to be noted by,

1. Extreme pain in the eye, and
2. Appearance of blood on the dressing in excessive amounts.

In the case of either the officer in charge is to be notified. Removal of the dressing should not be done.

Oral Medication as a rule is to be limited to mild analgesics without specific orders. The narcotics as a rule are contraindicated since they are likely to produce vomiting in certain patients.

## SPECIAL PRE AND POST-OPERATIVE ORDERS

### OPHTHALMALOGICAL SERVICE

#### PRE-OPERATIVE ORDERS

1. Sedation night before - barbiturate to be specified.
2. Enema - when ordered.
3. Pre-operative preparation - shaving of area and cutting of eyelashes to be specified in individual cases.
4. Diet - anesthetic will be designated - no meal previous to surgery. If local anesthesia definitely decided, upon may have light meal, but only on orders
5. Intra-ocular cases to be placed on draw sheet - so that they can be transferred from cot to bed with minimum disturbance.
6. Cevitamic acid gr. V T.I.D. - all pre-operative cases - 2 days before operation if available.
7. Pre-operative irrigations of eye - to be designated in certain cases - otherwise not to be done.
8. Immediate pre-operative drugs will be ordered depending on choice of anesthesia and nature of case.

#### POST-OPERATIVE ORDERS

I. See procedure and ward management with special attention to caution in handling the Intra-ocular cases.

In resume:

1. Report immediately undue pain in eye - hemorrhage on dressing.
2. Caution patient on movements and note regarding permissible changes in position to make patient comfortable. Record coughing etc. Call Ward Officer.
3. See that protective shield is in place.
4. See that Intra-ocular cases are properly tagged.
5. Aspirin P.R.N. - no narcotic - without specific order.
6. Diet as tolerated.
7. Special dressings and care of same will be designated to nursing or ward staff if necessary - otherwise no dressings will be touched.
8. Dressing tray to be in order at all times.
9. Feeding and smoking - details to be worked out for the blind patients.