

Care of Artificial Eye

Purpose	The purposes of this procedure are to prevent infection and to promote cleanliness when providing artificial eye care to residents.
Preparation	<ol style="list-style-type: none">1. Review the resident's care plan to assess for any special needs of the resident.2. Assemble the equipment and supplies as needed.3. Verify that there is a physician's order for this procedure.
General Guidelines	<ol style="list-style-type: none">1. Cleaning solution (normal saline and/or prescribed solution) should not exceed body temperature.2. If the resident is able, permit the resident to remove and replace the artificial eye.3. Do not use alcohol, ether, or acetone. These may cause the plastic on the artificial eye to discolor and dim the luster of the eye.4. If an eye cup is not available, use a clean denture cup.5. Be sure the eye cup is clearly labeled with the resident's name and room number.6. Be sure that gauze pads are in the eye cup to protect the eye when placing it in the cup.7. If the artificial eye is washed in the resident's bathroom, fill the sink one-half full of lukewarm water to prevent breakage should the eye be accidentally dropped.8. Handle the eye carefully to avoid scratching the eye.
Equipment and Supplies	The following equipment and supplies will be necessary when performing this procedure. <ol style="list-style-type: none">1. Gauze;2. Washcloths (2);3. Facial tissue;4. Mild soap;5. Normal saline;6. Bulb syringe, as necessary; and7. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).
Steps in the Procedure	<ol style="list-style-type: none">1. Explain procedure to resident and/or family.2. Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.3. If the resident is ambulatory, instruct the resident to lie down on his or her bed. Assist as necessary. (Note: Having the resident lie down may prevent accidental dropping of the artificial eye.)4. Wash and dry your hands thoroughly.5. Put on gloves.6. Gently retract the lower eyelid with your thumb. (Note: Allow the resident to remove his/her own artificial eye, if possible.)7. Apply gentle pressure below eyelid. If necessary use the bulb syringe to apply suction to the eye.8. Carefully hold the artificial eye in the palm of your hand.9. Wash the artificial eye with mild soap and water or plain normal saline by rubbing between the thumb and index finger.10. Rinse the eye well under running tap water.11. Dry the eye with a soft washcloth or facial tissue.

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Steps in the Procedure (continued)

12. If the resident does not desire to have the eye reinserted, store the eye in sterile saline or water in a plastic storage case lined with gauze. (**Note:** Be sure that the eye cup is clearly labeled with the resident's name and room number.)
13. Place the storage container in the bedside stand.
14. Retract the upper and lower eyelids with the thumb and index finger.
15. Wash eye socket with washcloth or gauze moistened with warm water or saline. (**Note:** Do not use soap to clean the socket because it may cause skin irritation.)
16. Dry socket well with gauze.
17. Wash eyelid margins with mild soap and water, wiping from inner to outer canthus. (**Note:** Use a clean section of the washcloth for each stroke.)
18. Dry eyelids by wiping from inner to outer canthus.
19. If the eye is to be replaced, dampen it in clean water. (**Note:** Allow the resident to replace the eye, if possible.)
20. Retract the resident's upper eyelid with the index finger or thumb of your nondominant hand.
21. With your dominant hand hold the eye so that the notched or pointed edge is positioned toward the nose.
22. Slide the eye up and under the eyelid as far as possible. Then, push down the lower lid to allow the eye to slip into place. (**Note:** Do not force the eye into the socket. Should you experience difficulty, summon the nurse supervisor.)
23. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
24. Clean your equipment and return it to its designated storage area (i.e., bedside stand, bathroom, etc.).
25. Discard disposable equipment and supplies in designated containers.
26. Discard washcloths in soiled laundry container.
27. Clean the overbed table and return it to its proper position.
28. Lower the bed into lowest position and place the siderails and the head of the bed in the appropriate position **as indicated in the resident's plan of care.**
29. Reposition the bed covers. Make the resident comfortable.
30. Place the call light within easy reach of the resident.
31. Wash and dry your hands thoroughly.
32. If the resident desires, return the door and curtains to the open position and if visitors are waiting tell them they may now enter the room.

Documentation

The following information should be recorded in the resident's medical record:

1. The date and time that artificial eye care was given.
2. The name and title of the individual(s) who assisted with the artificial eye care.
3. All assessment data obtained concerning the resident's eye.
4. The condition of the artificial eye and socket.
5. How the resident participated in the procedure.
6. How the resident tolerated the procedure or any changes in the resident's ability to tolerate or participate in the procedure.
7. If the resident refused the treatment, the reason(s) why and the intervention taken.
8. The signature and title of the person recording the data.

Reporting

1. Notify the supervisor if the resident refuses the artificial eye care.
2. Notify the supervisor if the resident complains of pain or discomfort of the eye socket or any difficulty replacing the eye in the socket.
3. Report other information in accordance with facility policy and professional standards of practice.