Work Instruction
for
Screening of common Ophthalmic problems in Health and Wellness centre

Prepared by: Signature & Date	Name of the Health Facility:	Doc No: Version No: Effective Date:

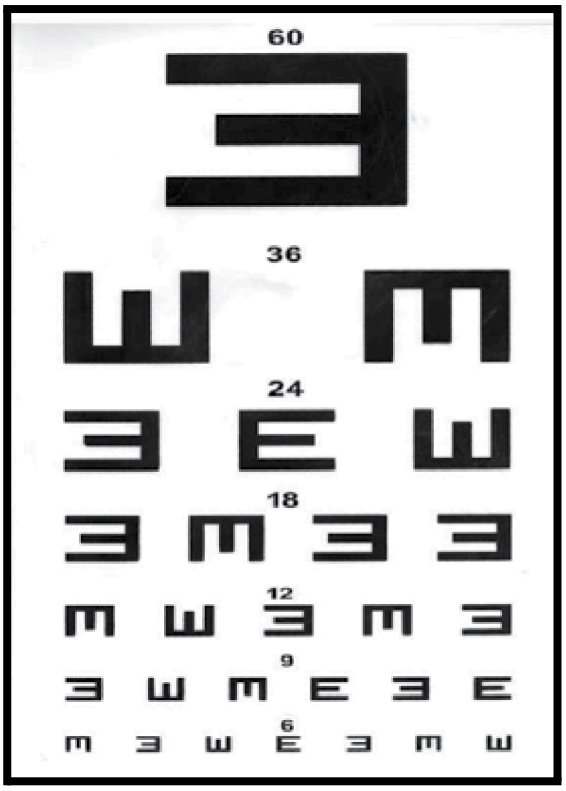
Screening of Common Ophthalmic Problems

Purpose: Overall purpose of this work instruction is to ensure screening and appropriate referral of individuals with ophthalmic conditions in the catchment area of the Health and Wellness Centre

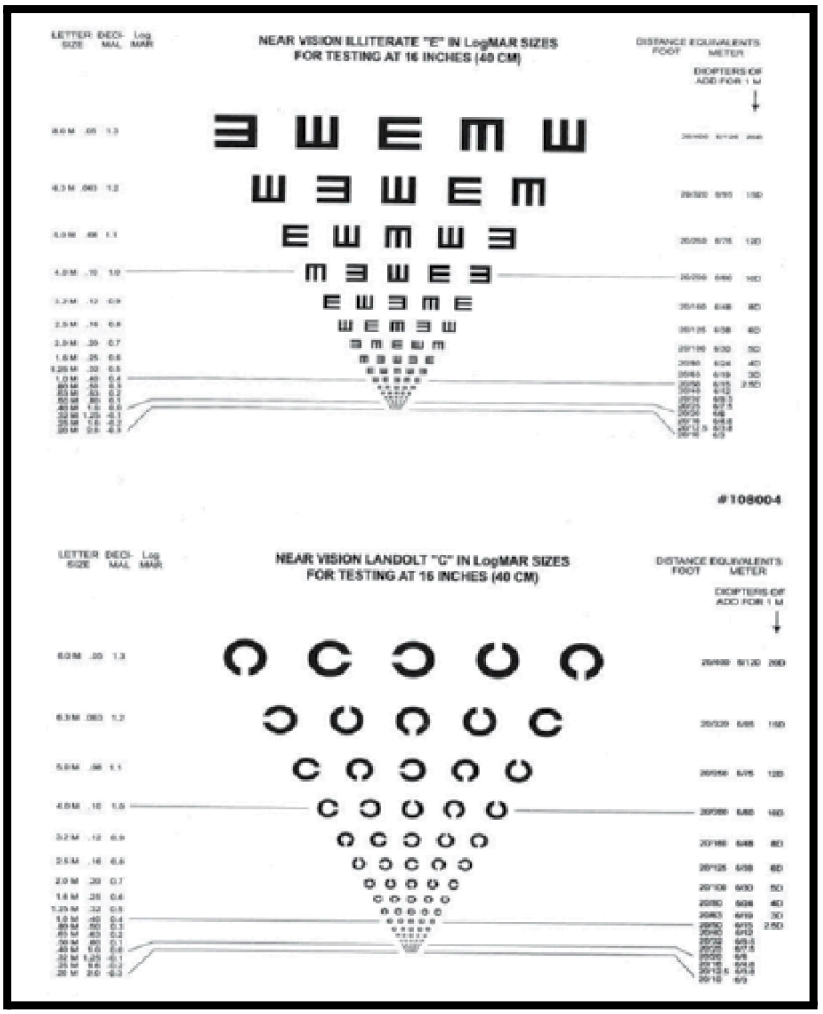
Scope: It applies to the Health and Wellness team which includes (ASHA, ANM and CHO). It includes role of ASHA, ANM and CHO in completing the standard process of screening, management and referral of the patients at higher center for timely and correct intervention.

Procedure:

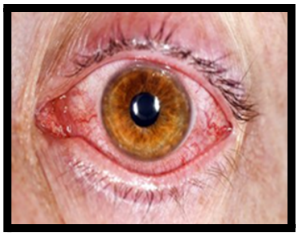
Sl.	Activity/Description	
1.	**Screening for blindness and refractive errors**	
1.1	• Visual Acuity by using Snellen's Chart and near Vision card. • Case identification for Cataract, Presbyopia, Trachoma and Corneal disease. • Screening for visual acuity in Diabetic patients. • Dispensing of medicines for Conjunctivitis, Dry eye, Trachoma and follow up medicines for chronic eye disease (e.g. Cataract, Glaucoma and Diabetes) treated at referral center.	
	1.1.1	**<u>Snellen's chart</u>**



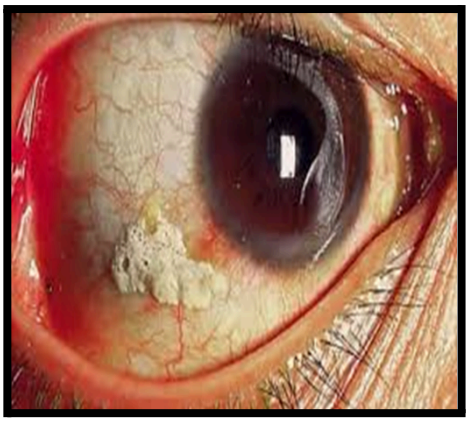
Near Vision Chart

			
	1.1.2	**<u>Cataract</u>** • It results from cloudiness or opacification of the lens in the eye which leads to decrease in vision. • Common ailment for old people. • It develops slowly and can affect one or both eyes. • They mostly develop due to ageing but can also be caused due to trauma or radiation exposure. **Symptoms: -** • Blurry vision • Trouble seeing at night • Sensitivity to light and glare • Need for brighter light for reading • Seeing faded colors	

		• Halos surrounding lights Need for frequent changes in prescription glasses
	1.1.3	**Presbyopia** • It is a condition in which the eye slowly loses the ability to focus on nearby objects. • It is often a natural part of ageing process. • Due to age, the flexibility of the lens reduces, hence it is unable to accurately focus light on the retina. • The symptoms become noticeable mostly around the age of 40. • **Having eyestrain or headache/fatigue after reading/doing close work**
	1.1.4	**Trachoma** • It is a disease of the eye caused by bacteria Chlamydia trachomatis. • It causes the roughening of the inner surface of the eyelids. • It spreads easily through direct personal contact, shared clothes and towels. • If left untreated, repeated trachoma infections can cause permanent damage to the cornea and can lead to irreversible blindness. • Young children are more susceptible to infection. **Symptoms** • Itching and irritation of the eyes and eyelids • Eye discharge containing mucus • Eyelid swelling • Vision loss • Light sensitivity (Photophobia)
	1.1.5	**Corneal Ulcer** • Corneal ulcer is an inflammatory or more seriously, infective condition of the cornea involving disruption of its epithelial layer with involvement of the corneal stroma. • In developing countries, children suffering from Vitamin A deficiency are at high risk for corneal ulcer. • In ophthalmology, a corneal ulcer usually refers to infectious condition of cornea while the term corneal abrasion refers to physical abrasions. Symptoms

		• Visual impairment • Blurred or cloudy vision • Severe pain in the eye • Tearing and sensitivity to the eye
	1.1.6	**<u>Glaucoma</u>** • **<u>Severe eye pain</u>** • **<u>Reddening of the eyes</u>** • **<u>Sudden onset of visual disturbance in low light</u>**
2	**<u>Conjunctivitis</u>** • Conjunctivitis, commonly known as "pink eye," is an infection or swelling in the outer membrane of your eyeball. • Blood vessels in the conjunctiva, become inflamed and turn the eye red or pink in color • It can be infective, allergic or sometimes traumatic. **Common symptoms:** • Pain • Redness and itching of the eye • Swelling of the eye • Foreign body sensation • Sticking the lid margins together • Watery discharge from eyes 	
3	**Xeropthalmia**	
3.1	• To identify Vitamin A deficiency and Bitot's spot • To assure Vitamin A prophylaxis. **<u>Bitot's spot</u>**	

- They are triangular, pearly white or yellowish, foamy spots on the bulbar conjunctiva on either side of the cornea.
- Usually bilateral
- In young children, it indicates Vitamin A deficiency.
- In older individuals, it is often an inactive sequela of earlier disease.



- Vitamin A deficiency should be treated urgently
- Nearly all stages of Xeropthalmia can be reversed by administration of dose of 200,000 IU (or 110 mg) of retinol palmitate on 2 successive days
- All children with corneal ulcers are given vitamin A, whether or not a deficiency is suspected.

Periodic dosage of Vit A:

- First dose – 100,000 IU at 9th completed months
- 200,000 IU at 16th months then 6 months interval up-to 5 years -Total 9 doses

Dietary Modifications:

- Vitamin A or Beta Carotene rich food
- Nutrition Education:
- Importance of Vitamin rich diet, regular intake, harmful effects of deficiency
- Fresh seasonal fruits and vegetables
- Public meeting, schools and mass media may be used.

Fortification:

- Ghee, Dalda, butter, dried skimmed milk with Vitamin A

4	First aid for foreign body, eye injuries, stabilization and then referral
4.1	• Wash eyes with clean and running water. • Do not rub the eye in case of foreign body. • Attempt to remove only superficial foreign body especially those located in the conjunctival sac of the eye.

		• Don't attempt to remove foreign body from cornea. • Stabilization and patch the affected eye with stabilized gauze pad and refer to nearest facility having an Ophthalmologist
5	Acid/Alkali/Chemical exposure	
5.1	Wash with clean water by avoiding spilling over on unaffected facial area and immediate referral to an ophthalmologist.	

REFERENCES

1. National Quality Assurance Standards – Assessor's Guidebook for Health and Wellness Centre (Sub-centre)MOHFW, GOI