Collaborative Regional Benchmarking Group

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 PATIENTS EYES

- Within **4 hours** of admission[1]
- At least **12 hourly** thereafter [2]

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.

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	Eyes should be assessed within 4 hours of admission to critical care and reassessed at least every 12 hours thereafter. Example assessment tool on page 2.
2	Cleanse eyes at least every 4 hours with sterile water-soaked gauze to remove exudate, debris or dried ocular medication[2].
3	Clean from inner aspect of lids at the nose and sweep across the lids to outer aspect[3] with a new gauze swab for each sweep and for each eye. This prevents the spread of infection or debris being introduced into the lachrymal system.
4	Apply prescribed ocular lubricant[2].

Sedated Patient (Difficulty Blinking)

- Standard eye care 4 hourly[3]
- If incomplete eye closure/difficulty blinking apply prescribed lubricant[2]
- 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[2]
- 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

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	References
1	Joyce N. (2002) Eye Care for Intensive Care Patients, A Systematic review No 21. The Joanna Briggs Institute for Evidence Based Nursing and Midwifery.
2	Lightman S, Larkin G, McHugh J, Montgomery, H, hingorani, M (2020) Opthalmic Services Guidance, Eye Care in the Intensive Care Unit (ICU). Royal College of Opthalmologists & Intensive Care Society, London.
3	Johnson, K & Rolls KD (2014) Eye Cre for Critically Ill Adults. Chatswood, NSW. Agency for Clinical Innovation

CRBG Eye Care Assessment Tool for Critical Care 2025 V1

Assessment Assessment to occur within 4 hours of admission to critical care[1].	Grade[2]	Recommended Action
Adequate blink reflex and clear corneas	0	Reassess at least every 12 hourly.
Reduced or absent blink reflex and or some conjunctival (white of the eye) exposure	1	Instil prescribed ocular lubricant every 4 hours[2] and reassess 4 hourly
Conjunctival and some corneal exposure	2	Instil prescribed ocular ointment every 4 hours and tape eye lids closed (across the lash line) with tape[2] (or use eye pad) Reassess 4 hourly
Additional Considerations		
Crusting/debris		Clean with sterile water every 4 hours and reassess 4 hourly[3]
Corneal clouding/visibly dry eyes		Inform medical staff/ophthalmology team[2]. Instil prescribed ocular ointment every 4 hours. Reassess 4 hourly
Redness, discharge, inflammation		Inform medical staff/ophthalmology team[2]. Use individual prescribed treatments.
Prone Position		Instil prescribed ocular lubricant every 4 hours and tape eye lids closed (across the lash line) with tape[2]. Reassess 4 hourly

1. Joyce N. (2002) Eye Care for Intensive Care Patients, A Systematic review No 21. The Joanna Briggs Institute for Evidence Based Nursing and Midwifery.
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