



NURSING CARE PLAN No 33
Retinopathy of Prematurity (ROP) Eye Assessment & Management in the Ophthalmology Suite

Full Name:
 Address: **Addressograph**
 HCR:.....

Care Plan No 33 Problem	Retinopathy of Prematurity (ROP) Eye Assessment & Management in the Ophthalmology Suite	Issue Date: May 2018 Review Date: May 2021
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..... is attending Ophthalmology OPD and will require an Eye Examination for investigations and / or monitoring of ROP

1. The infant and parent/guardian will be safely prepared for the examination.
2. Parent / guardian will be reassured prior to the procedure.
3. Interpreter is arranged as required.

1	NURSING INTERVENTION	Commencement Date, Signature Grade	Discontinued Date, time, Signature, grade
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- Before the procedure
- Administer dilating eye drops as prescribed as per Guidelines on Performing Eye Care 2017.
- Allow 30 minutes to take effect and ensure pupils dilated.
- Record and report side effects to the medical team if any noted.
- Equipment check – Emergency trolley available for use
- Oxygen: Yes No Suction: Yes No
- Record baseline observations and report any deviation to the medical team.
 T:..... P:..... R: O₂ Stats:
- Wrap infant in a blanket
- Administer Sucrose (sweetease) ® as prescribed prior to the procedure to alleviate pain

	DURING PROCEDURE	POST PROCEDURE 1	POST PROCEDURE 2
Time			
Heart Rate			
Oxygen saturations <i>(detail if in room air or oxygen)</i>			
Other comment			
Signature			

Please note - if the infant becomes bradycardiac during the procedure this is an indication to stop procedure*

2	PARENTAL INFORMATION	Commencement Date, Signature Grade	Discontinued Date, time, Signature, grade
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- Ensure the parent / guardian has the opportunity to discuss the procedure with the consultant.
- Give parents / guardian an opportunity to ask questions.
- Ensure follow up appointment is give as per consultant.

Traceability Record	Nursing Care Evaluation
	Signature:.....NMBI:.....

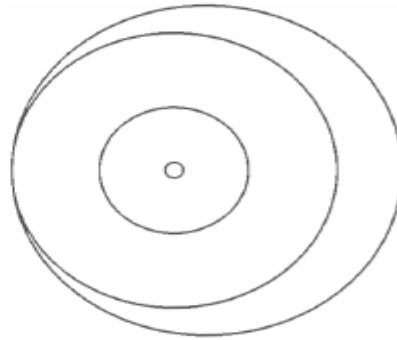
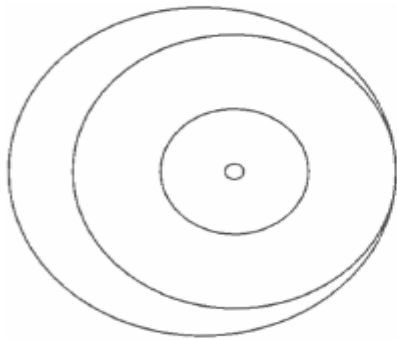
Full Name:
 Address: **Addressograph**

 HCR:.....
 HCR No: DOB: __/__/____

ROP EXAMINATION

Gestational Age		Birth Weight	
Corrected Age		Date of Examination	

MEDICATIONS	MEDICATIONS



<i>Please tick</i>		OD	OS	ASSESSMENT
1	Immature			
2	Mature			
3	Zone			
4	Stage			
5	Plus disease			
1	Retinal Vascular Dilation			
2	Iris vessel dilation			
3	Vitreous Dilation			
4	Retinal Haemorrhage			
5	Pupil Rigidity			

Date of Next Examination:

Consultant Name / Stamp: