

RETINOPATHY OF PREMATURITY CHART

Full Name:
 Address:

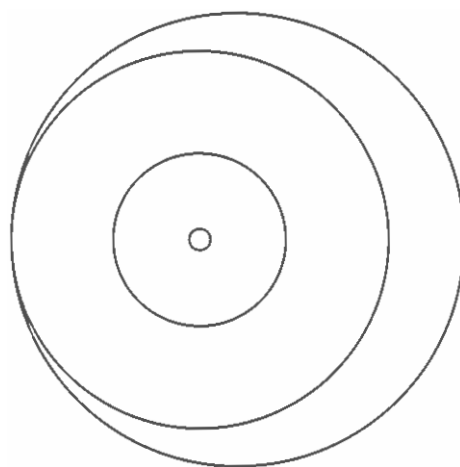
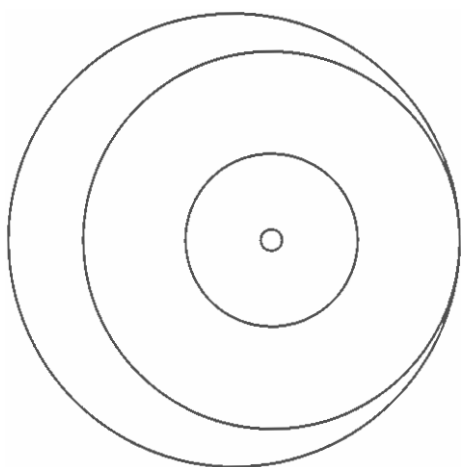
 HCR No: DOB: ___/___/___

GESTATIONAL AGE:
 CORRECTED AGE:
 BIRTH WEIGHT:
 DATE OF EXAMINATION:

Medications

Medications

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	IMMATURE	MATURE	ZONE	STAGE
OD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLUS DISEASE:

OD		OS
<input type="checkbox"/>	Retinal vascular dilation	<input type="checkbox"/>
<input type="checkbox"/>	Iris vessel dilation	<input type="checkbox"/>
<input type="checkbox"/>	Vitreous haze	<input type="checkbox"/>
<input type="checkbox"/>	Retinal haemorrhage	<input type="checkbox"/>
<input type="checkbox"/>	Pupil rigidity	<input type="checkbox"/>

COMMENTS:

NEXT EXAMINATION:

SIGNATURE:

IMC:

Our Lady's Children's Hospital, Crumlin
Nursing Careplan 33: Retinopathy of Prematurity (ROP) Eye Assessment and Management in the
Ophthalmology Suite

Care plan ROP 33	Issue date: April 2015
	Review date: April 2018

Problem
 Is attending the ophthalmology OPD and will require an eye examination for investigations and/or monitoring for ROP

- Goals**
- The infant and parent or guardian will be safely prepared for the examination
 - Parent/ guardian will be reassured prior to the procedure
 - Interpreter is arranged as required

Nursing Intervention

1. Before the procedure

- Administer dilating eye drops as prescribed as per OLCHC Policy (2001)
- 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 Sats
- Wrap infant in a blanket
- Administer Sucrose (Sweetease)[®] as prescribed prior to the procedure to alleviate pain

	Time	Heart rate	Oxygen saturations <i>(Detail if in room air or oxygen)</i>	Other comment	Signature
During procedure					
Post procedure 1					
Post procedure 2					

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

2 Parental information

- Ensure the parent/guardian has the opportunity to discuss the procedure with the consultant
- Give parents/guardians an opportunity to ask questions
- Ensure follow up appointment is given as per consultant

Traceability record	Nursing care evaluation
	<hr/> <hr/> <hr/> <hr/> <hr/>
	Signature: _____ NMBI: _____

Full Name:
Address:
.....
HCR No: DOR: / /