

**FEDERAL  
MINISTRY OF  
HEALTH**

# THE NATIONAL PRIMARY **EYE CARE** TRAINING MANUAL



# THE NATIONAL PRIMARY EYE CARE TRAINEE MANUAL

A course to strengthen the capacity of health personnel to manage eye patients at primary-level health facilities in the Nigeria.

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# Adaptation

Adaptation This manual has been modified and adapted for use by the Nigerian National Eye Health Programme (NEHP) of the Department of Public Health, Federal Ministry of Health with relevant stakeholders with the kind support of Christoffel Blinden MissionSeeing is Believing Programme (CBM-SiB). "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

# Foreword

The World Health Organisation estimates the number of people of all ages visually impaired globally to be 285 million, of whom 39 million are legally blind. The major causes of visual impairment are uncorrected refractive errors (43%) and cataract (33%); with cataract being the number one cause of blindness (51%). The Nigeria national blindness and visual impairment survey showed that 84% of blindness is avoidable in Nigeria. The causes include treatable cases like cataract, refractive errors, glaucoma, uncorrected aphakia, and diabetic retinopathy; and also preventable causes such as onchocerciasis and corneal scarring from measles, trauma or trachoma.

Lack of awareness and lack of access to eye care services are some of the reasons why many Nigerians remain visually impaired or seek unorthodox and often disastrous treatment options. There is a direct link between access to care and prevalence of blindness, so bringing eye care closer to the people is a logical step in addressing the problem in Nigeria. Primary eye care (PEC) is a vital component of primary health care and it includes the promotion of eye health, the prevention and treatment of conditions that may lead to visual compromise, as well as rehabilitation of those who are already blind. This will potentially change the future of eye care services, currently mostly limited to urban hospitals, to a nationwide blindness prevention effort, which starts at the community level.

This manual, as produced by WHO, is therefore an important tool towards implementation and integration of PEC into Primary Health Care. To further make the manual more relevant and easily understood locally, it has been adapted and domesticated for the Nigerian primary health care worker. It describes all the essential steps necessary for PEC, which include the identification of common blinding eye conditions such as cataract, treatment of minor cases such as red eye and lessons on referral of cases that require secondary or tertiary level care with varying degrees of urgency.

Use of the essential lessons in this manual will contribute significantly to prevention of eye diseases and blindness at the primary level of health care. It is hoped that an effective referral network to secondary and tertiary levels of eye care, where there are facilities and personnel trained in the treatment of major ocular diseases, will also be established for every PHC worker trained. With existing government commitment to PHC reform, Nigeria has an excellent opportunity to implement PEC, potentially making eye-care accessible and equitable for all citizens.

This document is therefore an important tool and a step in the right direction in our effort to bridge the “access to service” gap, an important strategy in blindness prevention and poverty eradication. I therefore endorse its use for the delivery of primary eye care services in Nigeria.



**Dr. E. Osagie Ehanire, MD, FWACS**  
Hon. Minister of Health

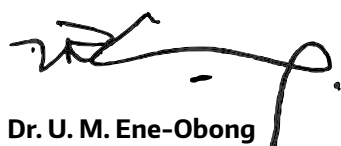
# Acknowledgement

Our gratitude goes to representatives of Ophthalmological Society of Nigeria (OSN), National Association of Ophthalmic nurses (NONA), School of Nursing Gwagwalada, Sight Savers International, Tulsi Chanrai foundation and Pro-health International for their inputs.

I wish to commend State Ministry of Health Cross River, It's Eye Care Programme, Primary Health Care Agency, ophthalmic nurses and primary health care workers who participated in the field trial. Our appreciation goes to all the professionals who gave their time to a successful completion of the domestication exercise.

We are particularly grateful to the Seeing is Believing (SiB), Standard Chartered Bank's Initiative managed by the CBM International and Brien Holden Vision Institute for providing financial and technical support to the development of the document.

Finally, I want to thank Dr Okolo Oteri, head of the National Eye Health Programme and Dr Abdull M Mahdi the national resource person for their efforts towards finalizing and actualizing this document.



**Dr. U. M. Ene-Obong**  
Director, Department of Public Health

# Introduction and Purpose

The purpose of this manual is to provide guidance in the design, implementation and evaluation of a course that aims to build and strengthen the capacity of health personnel to manage eye patients at primary-level health facilities in Nigeria. The course falls within the remit of continuous professional development in its broadest sense. Its content focuses on simple evidence-based practice that can be easily carried out in primary-level health facilities all over Africa.

This manual is intended for use by course directors and facilitators. Its intended audience includes all persons who wish to commission, support or offer a course serving the above aims, including pre-service training. This manual sets out the requisite steps for the preparation and organization of such a course.

# Abbreviations

<b>HMIS</b>	HEALTH MANAGEMENT INFORMATION SYSTEMS
<b>MOH</b>	MINISTRY OF HEALTH
<b>NCDS</b>	NON COMMUNICABLE DISEASES
<b>PEC</b>	PRIMARY EYE CARE
<b>PHC</b>	PRIMARY HEALTH CARE
<b>VA</b>	VISUAL ACUITY
<b>WHO</b>	WORLD HEALTH ORGANISATION

# THE BASICS

# The primary Eye care training manual

This manual is designed for health personnel such as nurses and clinical officers (such as medical doctors, nurses, midwives, community health extension workers) working at primary-level health facilities. These workers are often the first professional point of contact for patients with eye diseases. The manual builds on their existing professional expertise and experience as health workers or trainees. In addition to extending the general skills, the manual aims to impart the specific skills required for everyday interventions in patients with eye diseases at the primary care level. What it does not do is attempt to turn trainees into mini eye specialists in respect of the specific topics addressed. This manual is not designed for personnel without formal medical training.

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## **Aim and overall objectives**

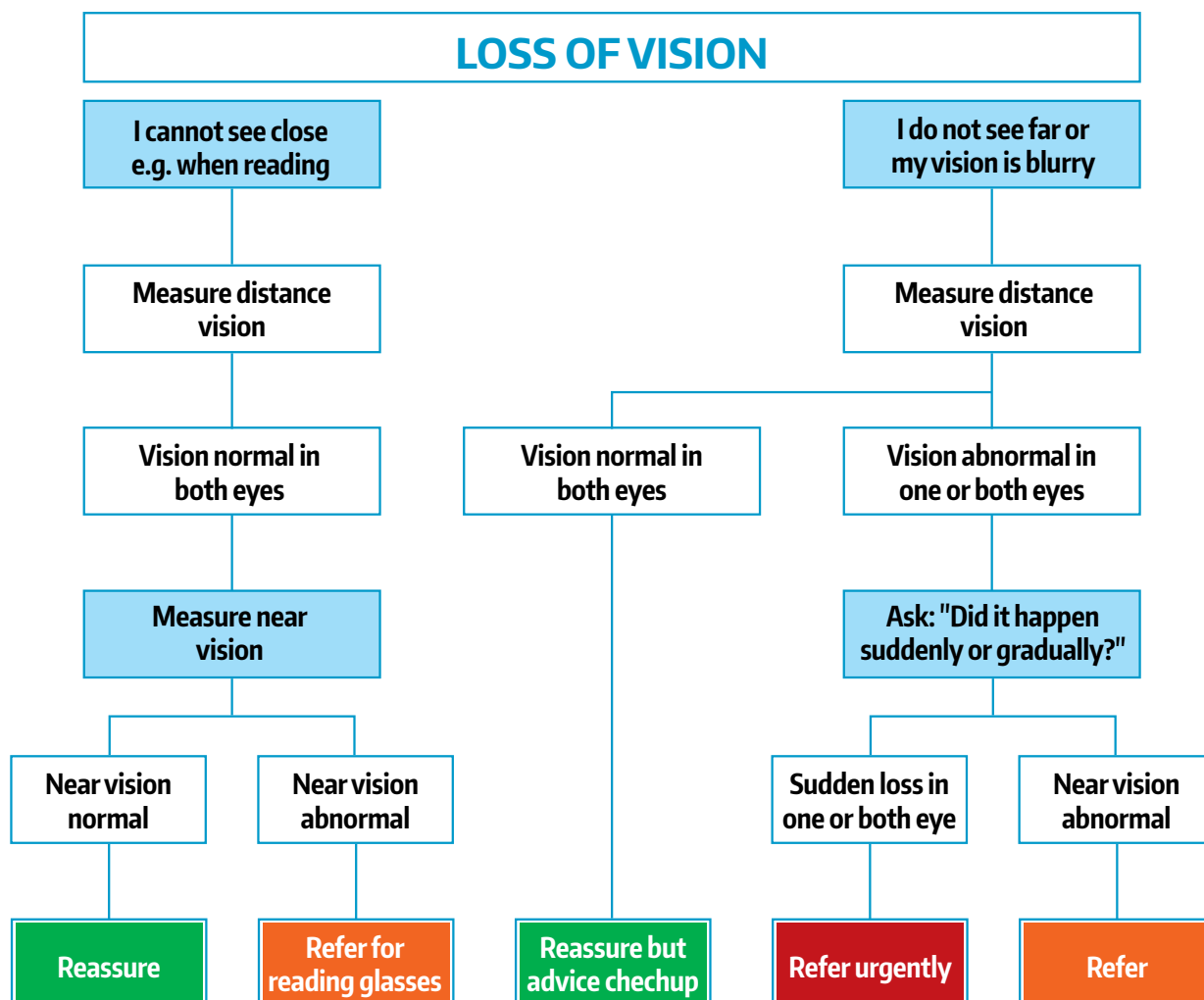
The aim of the manual is to strengthen the ability of primary-level health workers to successfully manage patients with eye complaints presenting at primary health care facilities.

# PART 1

## **PRIMARY EYE CLINICAL ALGORITHMS**

# ALGORITHM 1

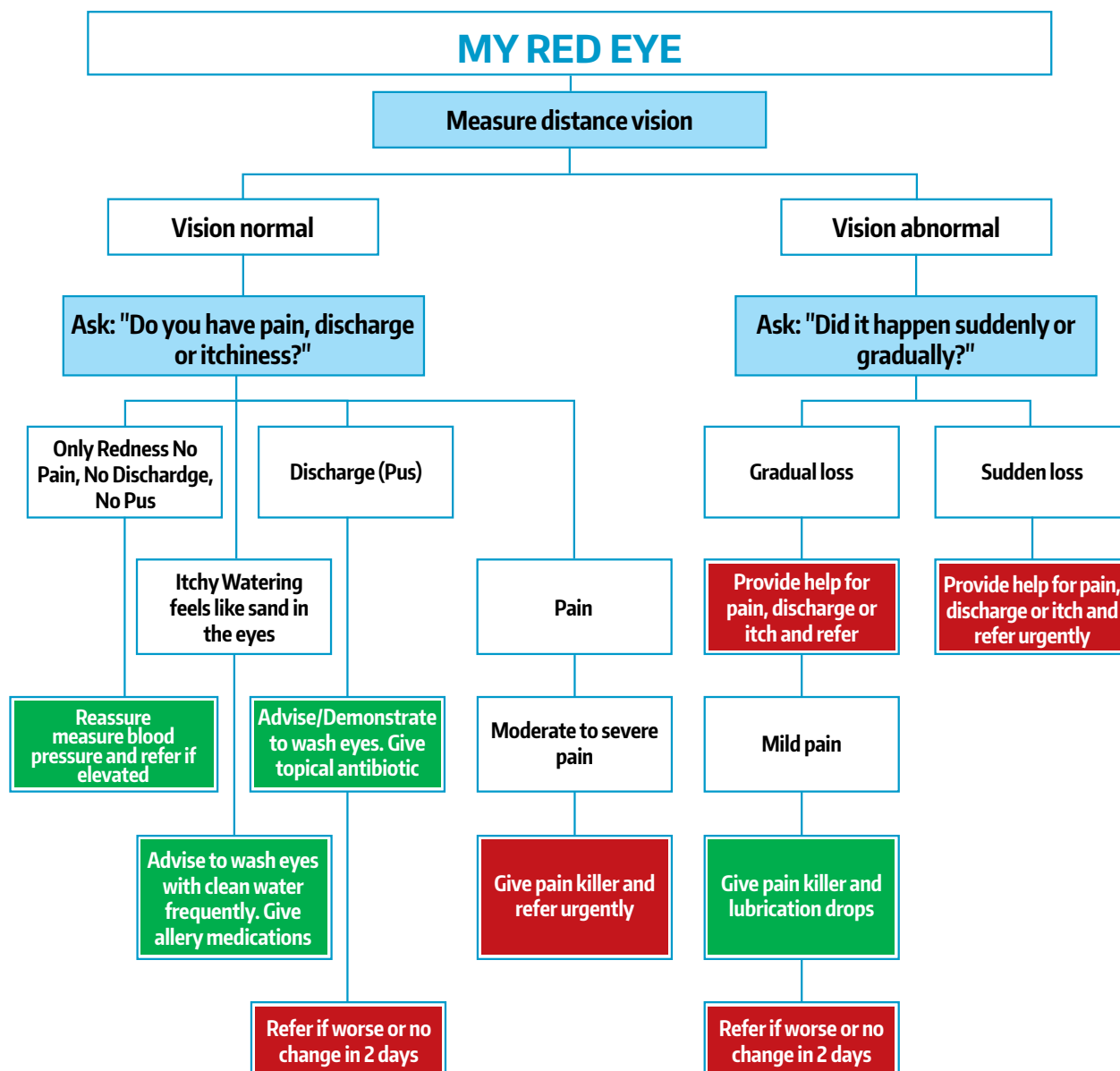
## LOSS OF VISION



- **BLUE** = question or examine
- **GREEN** = carry out a procedure
- **ORANGE** = refer soon but not urgently
- **RED** = refer as an emergency

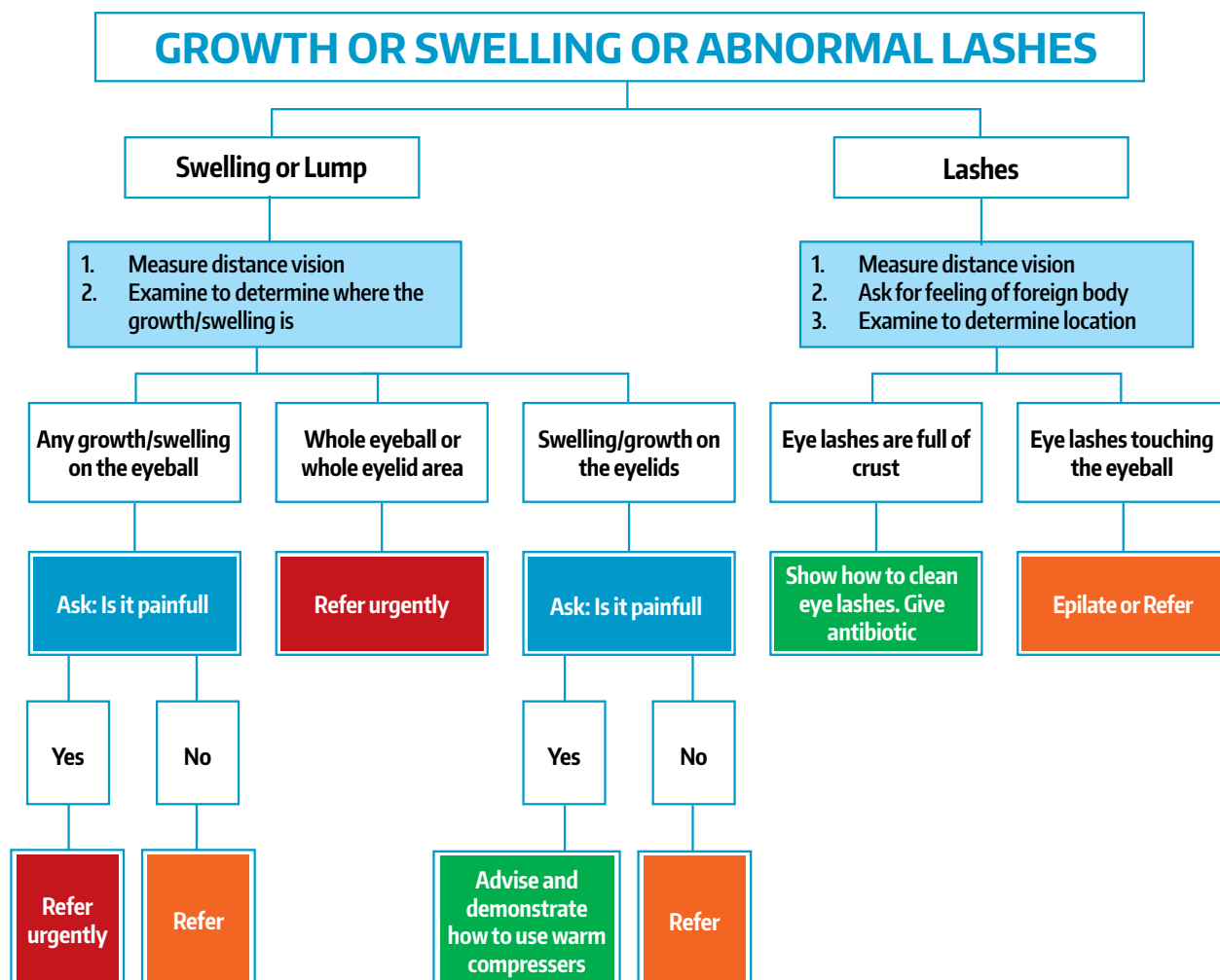
# ALGORITHM 2

## THE RED EYE



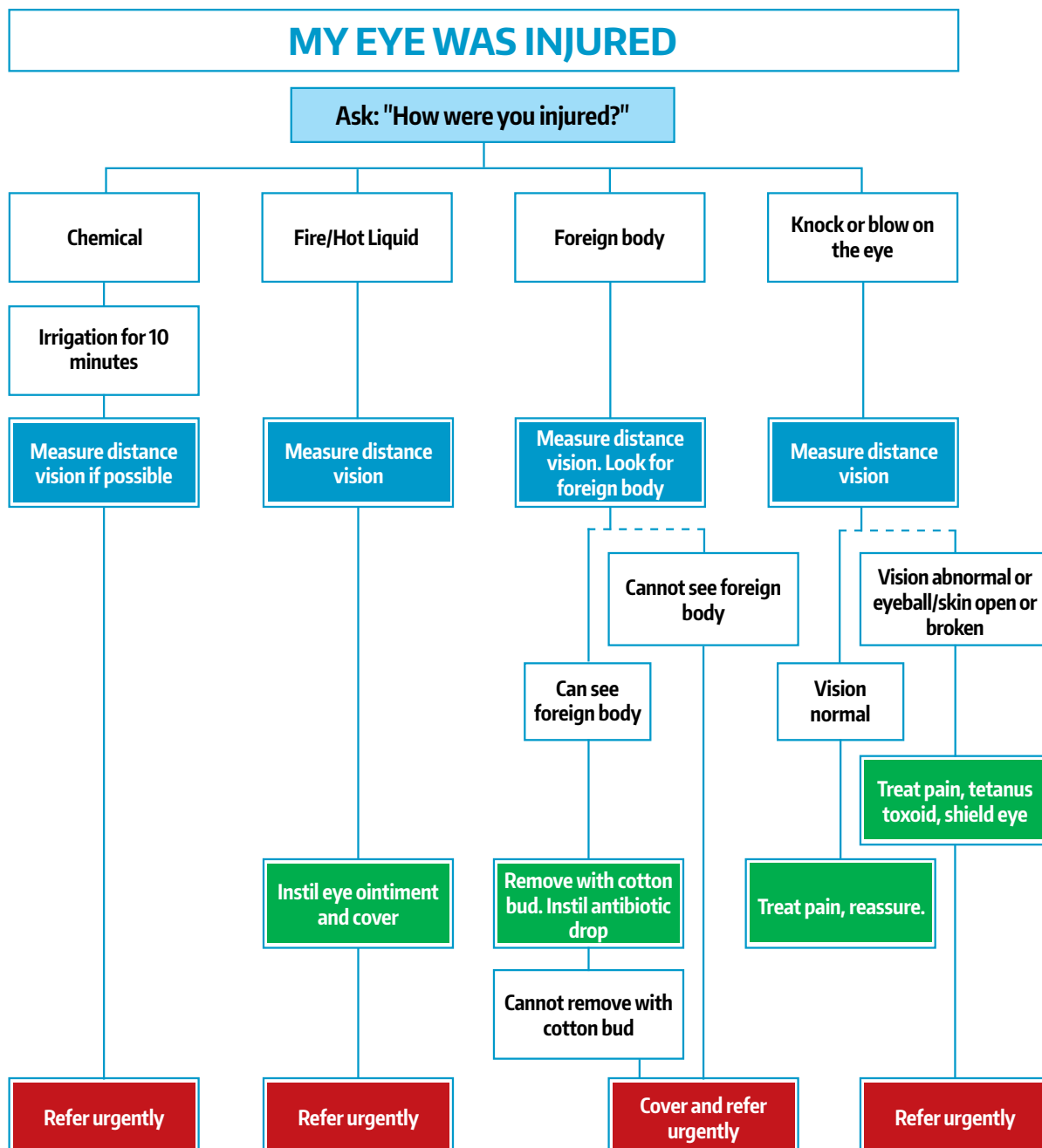
# ALGORITHM 3

## SWELLING/LUMP ON EYE OR ABNORMAL LASHES



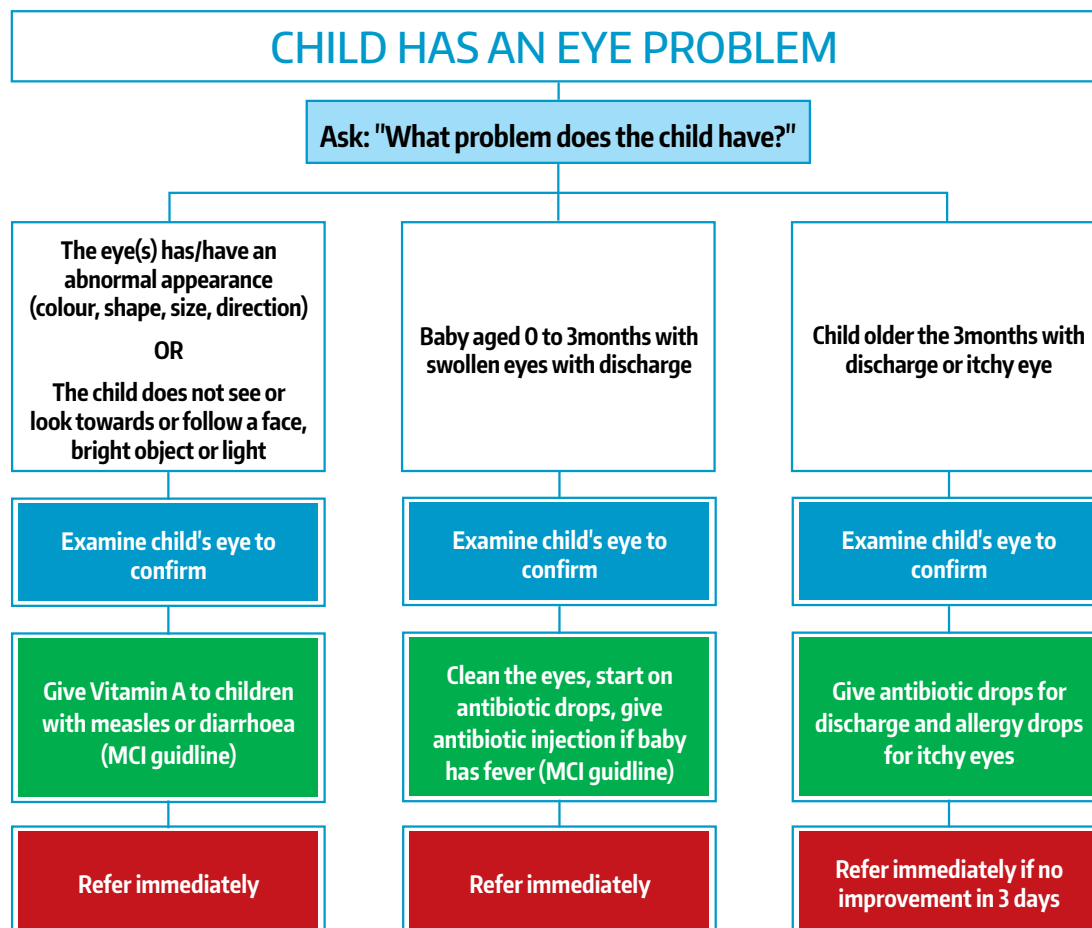
# ALGORITHM 4

## TRAUMA



# ALGORITHM 5

## CHILDREN AGED 5 YEARS AND UNDER



PART 2  
**PEC CLINICAL SKILL  
PROTOCOL**

**Remember - wash your hands before and after all procedures!**

## **ASSESSING A PERSON WITH AN EYE PROBLEM**

### **YOU WILL NEED**

1. A torch/pentorch
2. Pen and record card

### **PREPARATION**

1. Find a space which is properly lit.
2. Seat the person comfortably.
3. Always explain to the person what you are going to do.
4. Record the name, age, sex and date.

### **METHOD**

- Greet the patient warmly.
- Ask the person "Why did you come and see me?"
- Record if they say they have pain, redness, loss of vision, eye injury, swellings or lumps on their lids or anything else indicating which eye is affected.
- Test distance vision (except children who can not understand).
- Test near vision (in those aged 40 and above).
- Examine the person's eyes.
  1. The white should be completely white (with a few red veins).
  2. The black should be completely black.
  3. The eyes should be the same size.
  4. The eyes should look straight ahead.
- Ask the person to close their eyes.
  5. The lids should open and close normally (lashes should face outwards, not inwards, lids should be smooth).
- Record what you see.
- Choose the correct algorithm in order to reach a management decision.

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## **DISTANCE VISION SCREENING PROCEDURE**

### **YOU WILL NEED**

- Distance vision screening chart
- String measuring 3 metres
- Pen and record card

### **PREPARATION**

- Find a space that is properly lit (not too dark, bright or looking into the sun).
- Seat the person comfortably.
- Always explain to the patient what you are going to do.

### **METHOD**

- Hold the vision chart close to the person. Explain that you will point at one of the Es and they should state where the "arms" point. Make sure that the person understands by asking them to indicate the direction of the arms.

- If the person normally wears spectacles to see in the distance, tell them to put their glasses on during the test.
- Measure 3m from the person using the prepared 3m string or tape measure.
- Ask the person to cover their left eye, so that you can test the right eye.
- Stand beside the vision chart and point to one of the 6/60 Es. Ask the person to indicate the direction of its arms.
  - If the person does not indicate the right direction, move to the next E and ask them to point again. If the person is unable to point in the right direction for any E, they are functionally blind. Write down R: cannot see 6/60
  - if the person points in the right direction for each E, go to the next level: 6/12 Es.
- Point to the first E on the 6/12 row of Es. Ask the person to indicate the direction of the arms of the E. Note the response. Move to the next E. Continue until all the Es in the 6/12 row have been shown to the person.
- If a person can see 4 or all 5 of the 6/12 Es, write down: R 6/12.
- If they can only see 1, 2 or 3 Es correctly, write down: R: cannot see 6/12, but can see 6/60.
- Now ask the person to cover the right eye and repeat the test with the left eye.

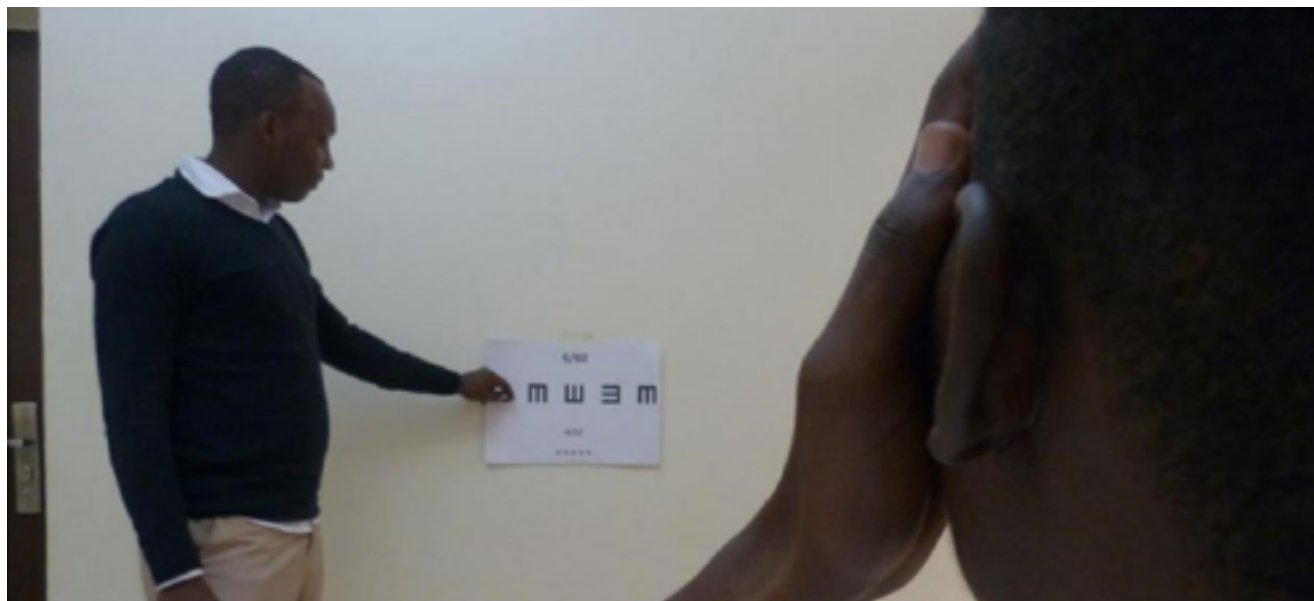
## **INTERPRETATION OF DISTANCE VISION RESULTS**

### **Abnormal vision**

- If the person cannot see 6/60 Es with one or both eyes, they are functionally blind and need to be referred urgently.
- If the person cannot see 6/12 Es with one or both eyes, their distance vision is abnormal: they need to be referred as well.

### **Normal vision**

- If the person can see the 6/12 Es they have normal distance vision.



**FIG. 1: TESTING DISTANCE VISION.**

**Courtesy:** Ciku Mathenge

## **NEAR VISION SCREENING PROCEDURE**

### **YOU WILL NEED**

- Near vision screening chart
- Pen and record card

### **PREPARATION**

- Find a space that is properly lit (not too dark, bright or looking into the sun).
- Seat the person comfortably
- Always explain to the patient what you are going to do.

### **METHOD**

- For screening near vision, hold the vision screener at the testing distance of 40cm from the person's eyes.
- The test should be undertaken with both eyes open, and if the person wears spectacles for near vision they should put them on.
- If the person can see the N8 line, write down: Near N8.
- If the person cannot see the N8 line, write down: Near: cannot see N8.

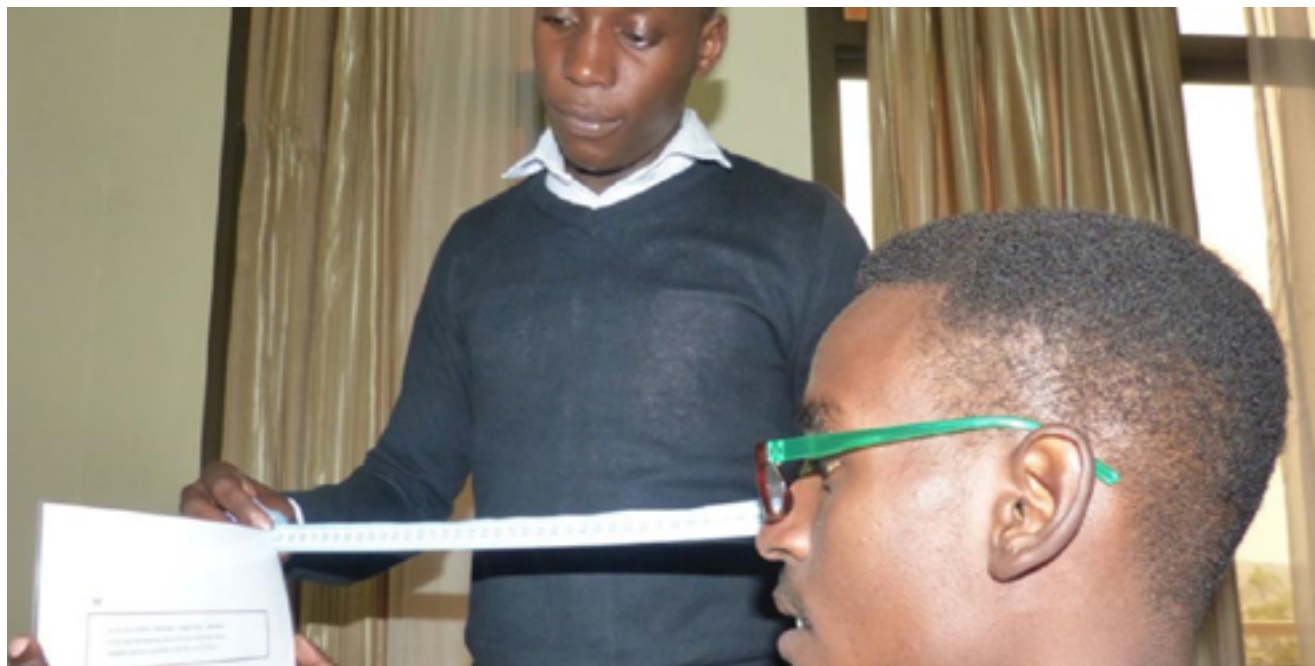
### **INTERPRETATION OF NEAR VISION RESULTS**

#### **Abnormal vision**

- If the person cannot see N8 with both eyes, their near vision is abnormal.

#### **Normal vision**

- If the person can see the N8 line, they have normal near vision.



**FIG. 2: TESTING NEAR VISION WITH N8 CHART AT 40CM.**

**Courtesy:** Ciku Mathenge

## HOW TO DETERMINE THE POWER OF NEAR VISION SPECTACLES

### IMPORTANT

This test is only to be used once it has been confirmed that:

1. distance vision is normal
2. the patient is aged 40 years and above

### YOU WILL NEED

- Near vision chart
- Pen and record card
- +1.50, +2.00, +2.50, +3.00 spectacles

### PREPARATION

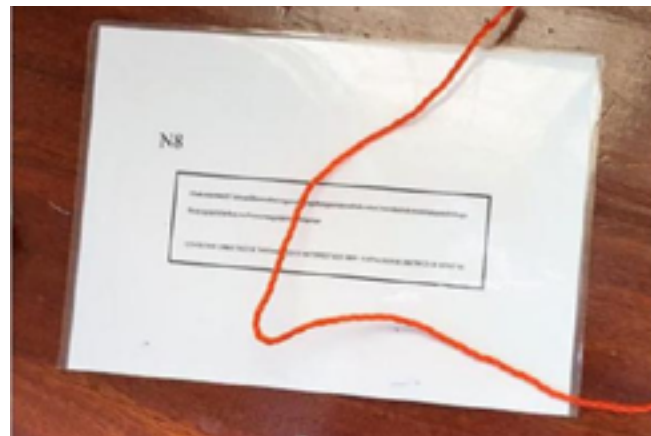
- Find a space that is properly lit.
- Seat the person comfortably.
- Always explain to the person what you are going to do.

### METHOD

- Check that both eyes are open.
- Use the 40 cm string to show the patient where they should hold the reading chart.
- The print on the chart represents N8 near vision. Point to the print on the chart and ask them if they can see it clearly.
- If the patient cannot see N8 start testing with the +1.50 glasses.
- Ask the patient if they can see the N8 line. Keep the chart 40cm away from the eyes.
- If the patient cannot see N8 with +1.50DS, try with the next stronger power and continue until they see the N8 clearly.
- Once the patient says they can see the chart clearly, try again with the next weaker power. Allow the patient to decide which power is preferable and record this on the record chart. **If the person cannot see N8 with any of the four powers then refer.**

### ISSUE THE FOLLOWING INSTRUCTIONS TO ALL PATIENTS RECEIVING READING GLASSES.

1. Tell the person that these spectacles are to be worn for near vision only. Their distance vision will be blurred. Ask them to look up and confirm this.
2. Ask the person to clean their spectacles by washing them with soap and water and drying with a soft cloth.
3. Record the power of the spectacles on the person's record card and on a piece of paper for their own keeping.



4. Advise the person that they will probably need a stronger power of spectacles in about 2 years.
5. Ask the person if they have a relative with glaucoma. If yes, refer for a complete eye check.
6. Ask the person if they have diabetes. If yes, advise them to have a complete eye check once a year.

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## HOW TO INSTIL EYE DROPS

### YOU WILL NEED

- Eye drops and ointment
- Wipe tissue/wet swab
- Pen and record card

### PREPARATION

- Find a space that is properly lit.
- Seat the person comfortably.
- Wash your hands with soap and water and dry them with clean tissue paper.

### METHOD

- Ask the patient to tilt their head backwards and look up. Explain that they might taste the drops in their throat.
- Shake the eye drop bottle and inspect it to make sure that you have the correct medication and it has not expired.
- Explain to the patient what you are doing as you instil the drops.
- Gently pull down the patient's bottom eyelid by retracting it with your index finger. This creates a pocket.
- Hold the bottle a few centimetres above the eye. Press the bottle so as to release one drop of the medication into the lower eyelid pocket, without allowing the dropper to touch the eye.
- Wait a second and then release the bottom eyelid.
- Instruct the patient to close their eye and press gently for a few moments with a finger over the corner of the eye next to their nose. This will keep the drops in the eye so that they can take effect. Wipe away any excess medication which leaks out when they close their eyes.
- For the other eye, ask the patient or caregiver to instil the drops so that you can check it is being done properly.
- If you have to put in more than one kind of eye drop at a time, it usually does not matter which eye drop is instilled first. However, allow 3-5 minutes between instilling different eye drops so that the second eye drop does not wash out the first

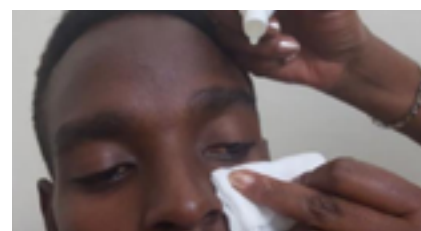
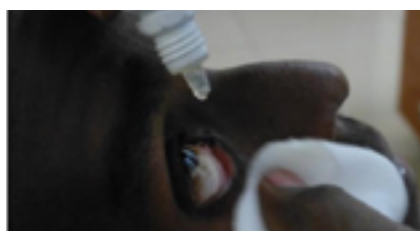


FIG. 3: HOW TO INSTIL EYE DROPS

**Photo:** Pak Sang Lee. **Courtesy:** Sally Parsley Community Eye Health Journal

## HOW TO APPLY EYE OINTMENT

### METHOD

- Ask the patient to tilt their head backwards and look up.
- Shake the eye ointment tube and inspect it to make sure that you have the correct medication and it has not expired.
- Explain to the patient what you are doing as you apply the ointment.
- Gently pull down the patient's bottom eyelid by retracting it with your index finger. This creates a pocket.
- Hold the nozzle of the tube approximately 2.5cm above the eye.
- Apply a line of ointment about 1 cm long to the inner edge of the lower eyelid from the nasal corner outwards.
- Ask the person to close their eyes.
- Wipe away any surplus ointment which may emerge when the patient closes their eye.
- Secure the nozzle cap.
- For the other eye, ask the patient or the caregiver to instil the ointment, so that you can check it is done properly.
- Explain to the patient that their vision will be blurry for a few minutes.

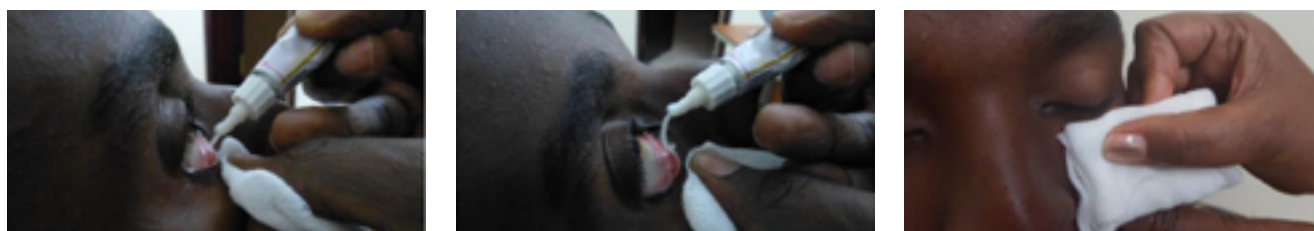


FIG. 4: HOW TO APPLY EYE OINTMENT

Photo: Pak Sang Lee.      Courtesy: Sally Parsley Community Eye Health Journal

### EYE DROP AND EYE OINTMENT TIPS

- Do not evert the eyelid too much as instilled eye drops may spill out onto the cheek.
- Do not allow the eye drops to fall onto the cornea as they can sting; this may alarm the patient and cause loss of confidence.

---

## CLEANING EYELIDS

### YOU WILL NEED

- Sterile gauze swabs or cotton buds
- Do not use large cotton wool balls as these can leave can fluff on eyelid margins, become an irritant and even cause complications
- Saline or water

### METHOD

#### Top lid

- Take a folded gauze swab or cotton bud.
- Moisten the swab or bud with the saline or water.

- Ask the patient to close both eyes.
- With the swab or bud, clean gently along the eye lashes in one movement from inner to outer canthus.
- Discard the swab or bud after use, if the eye lashes need further cleaning use a new swab or bud.

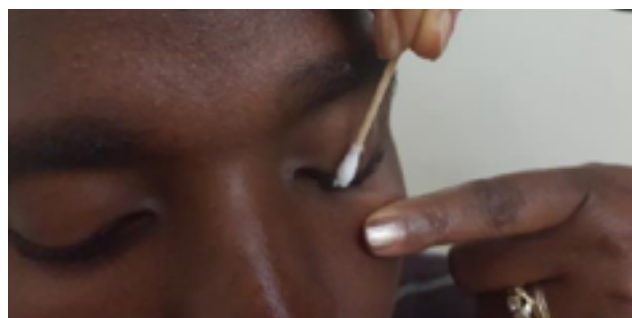
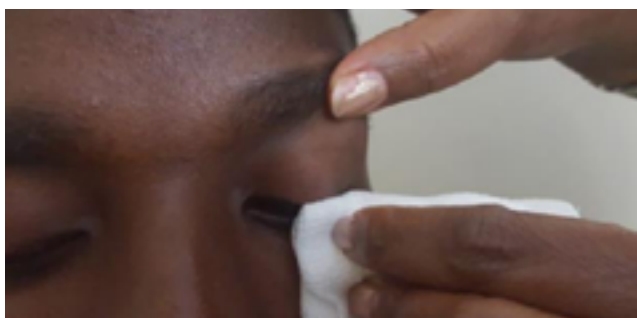


**FIG. 5: HOW TO CLEAN THE EYE AND EYE LIDS**

**Photo:** Pak Sang Lee. **Courtesy:** Sally Parsley Community Eye Health Journal

#### **Bottom lid margin**

- Ask the patient to look up
- With one hand take a moistened sterile swab or bud
- With the index finger of the other hand gently hold down the lower eyelid.
- With the swab or bud clean gently along the lower eyelid margin in one movement from inner to outer canthus.
- **Discard the swab or bud after use.** If the lower eyelid margin needs further cleaning use a new swab or bud.



**FIG. 6: HOW TO CLEAN THE UPPER AND LOWER EYE LIDS**

**Photo:** Pak Sang Lee. **Courtesy:** Sally Parsley Community Eye Health Journal

### Top lid margin

- Ask the patient to look down.
- With one hand take a moistened sterile swab or bud.
- With a thumb or a finger of the other hand **gently** ease the upper eyelid up against the orbital rim (just below the eyebrow).
- With the swab or bud clean gently along the upper eyelid margin in one movement from inner to outer canthus.
- **Discard the swab or bud after use.** If the upper eye lid margin needs further cleaning use a new swab or bud.

### Lid cleaning tips

- Extra care is needed when cleaning the upper eyelid! Try to keep the cornea in view throughout and avoid touching it with the gauze swab or cotton bud.
- It may be necessary to repeat any part of the above procedure, if the eyelids are very sticky, until all debris/discharge is removed.

**Remember - always use a new swab or bud each time!**

---

## HOW TO EPILATE OFFENDING LASHES

### YOU WILL NEED

- Local anaesthetic drops, if available
- Epilation forceps
- Paper towel or swab

### PREPARATION

- **Explain the procedure**, advising the patient that they may experience some discomfort but that it is important to relax and keep still.
- Position the patient comfortably
- Reassure and encourage them by stressing that relief should be felt immediately after the epilation

### METHOD

- Instil a drop of local anaesthetic if available
- Examine the eye with a bright source of light to see the offending lashes
- Firmly grasp the offending lash at its base with the forceps and remove
- Clean the lid margins
- Apply antibiotic ointment
- Explain to the patient that he/she will be referred for further management



**FIG. 7: HOW TO REMOVE AN OFFENDING EYE LASH USING AN EPILATION FORCEPS**

**Photo:** Abdull MM.

## **MAKING AN EYE PAD**

### **YOU WILL NEED**

- Cotton wool
- Two pieces of gauze
- Scissors
- Measuring tape

### **METHOD**

- Place the cotton wool between the two pieces of gauze on a clean surface.
- Cut the cotton wool and gauze into an oval shape measuring approximately 5 × 6 cm.



FIG. 8: HOW TO MAKE AN EYE PAD

Photo: Pak Sang Lee

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## **APPLYING AN EYE PAD**

### **YOU WILL NEED**

- Adhesive tape
- Eye pad
- Scissors

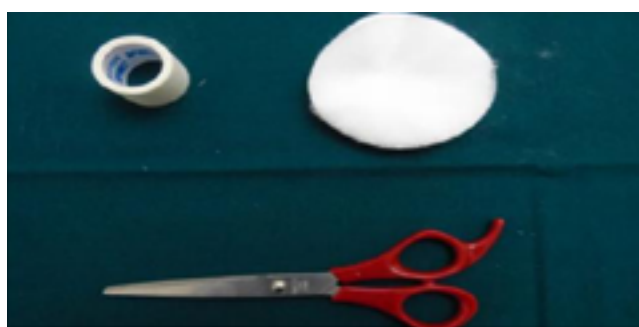
### **PREPARATION**

- Seat the person comfortably
- Explain what he/she wants to do to the patient
- Wash hands

It is important to remind the patient to try not to open the affected eye under the pad.

### **METHOD**

- Ask the patient to close both eyes.
- Position the eye pad diagonally over the closed lids and secure the tape to the patient's forehead and cheek.
- Apply a second and third piece of tape, as shown in the picture, to ensure the eye pad lies flat.
- Eye protection can also be provided with an eye shield. The shield shown in the picture is produced commercially and is called a "Cartella shield".
- Eye pads and shields, if not available as commercial products, can be made very easily as shown in the next protocol.



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## **MAKING AN EYE SHIELD**

### **YOU WILL NEED**

- Adhesive tape
- Thin cardboard or old X-ray film
- Circular object (e.g. cup or glass) approximately eight centimetres in diameter
- Pencil
- Scissors

### **METHOD**

- Draw a circle on the cardboard, using the circular object and then cut around it.
- Make a single cut into the centre, i.e. half the diameter of the circle.

- Make the cardboard into a cone shape.
- Secure the cone shape with adhesive tape.
- To apply: attach one piece of tape to the cone and place over the affected eye.
- Add a second piece of tape to secure the shield.



**FIG. 9: HOW TO MAKE AN EYE SHIELD**  
**Photo:** Pak Sang Lee.

## **APPLYING A WARM COMPRESS**

### **YOU WILL NEED**

- Clean piece of cloth/face towel
- Bowl of hot water

### **METHOD**

- Soak a clean piece of cloth or face towel in hot water and squeeze out
- Avoid excessively hot compresses (in order to avoid scalding, particularly in children).
- Hold it to the affected eye for 5–10 minutes.
- Repeat three to four times daily until the lump is gone.

---

## **HOW TO IRRIGATE THE EYE**

- This is an Emergency situation - prompt and thorough action is vital.
- Do not delay to check visual acuity - proceed to irrigation immediately.
- Alkali and acid solutions in the eye may cause serious damage to vision

### **YOU WILL NEED**

- Local anaesthetic eye drops if available
- Towel/waterproof sheet
- Cotton buds
- Small holder with pouring spout, e.g. feeding cup or any other container/water bottle
- Irrigating fluid: saline/universal buffer solution, if available. Otherwise, clean water at room temperature should be used.

### **METHOD**

- Instil local anaesthetic eye drops if available.
- With the patient sitting or lying down, protect the neck and shoulders with the waterproof sheet/towel.
- If there is a chemical burn affecting one eye only then tilt the head so that the water does not flow into the unaffected eye.
- Gently part the eyelids.
- Pour the fluid slowly and steadily, from a distance of no more than 5cm, onto the front surface of the eye, and importantly, inside the lower eyelid and under the upper eyelid. Use copious amounts of fluid, e.g. 1 or 2 big bottles of saline solution.
- Evert the upper eyelid.
- Ask the patient to move the eye continuously in all directions while the irrigation is under way for at least 15 minutes (30 minutes is better).
- Remove any residual foreign bodies with moist cotton buds.
- Check and record visual acuity when the procedure is finished.

## HOW TO EVERT THE UPPER EYELID

Never evert the upper eye lid if a penetrating injury or corneal thinning (e.g. due to ulceration) is suspected.

### YOU WILL NEED

- Cotton buds, paper clip or small blunt object, e.g. pen cover

### METHOD

- Ask the patient to look down.
- With one hand, hold the eyelashes of the upper eyelid between thumb and index finger.
- With the other hand, place a cotton bud or other small blunt object on the upper eyelid midway from the eyelid margin.
- Turn the eyelid against steady and gentle pressure on the upper eyelid.
- On completion of the examination and removal of the foreign body, ask the patient to look up and the eyelid will return to its normal position.

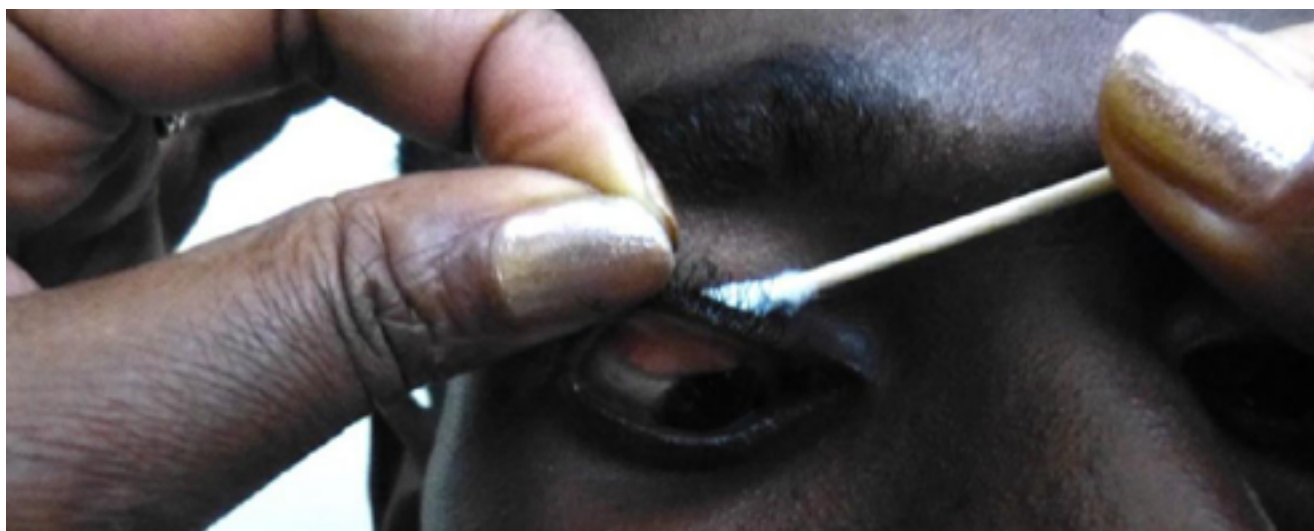


FIG. 10: TESTING NEAR VISION WITH N8 CHART AT 40CM.

Courtesy: Ciku Mathenge

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## APPLYING AN EYE PAD

### YOU WILL NEED

- Local anaesthetic drops, if available
- Cotton buds, or clean cloth or swab
- Saline or cooled boiled water

### PREPARATION

- Explain the procedure, advising the patient that they may experience a brief increase in discomfort but that it is important to relax and keep still.

- Position the patient comfortably
- Reassure and encourage them by stressing that relief should be felt immediately after the foreign body is removed.

### **METHOD**

- Instil a drop of local anaesthetic if available.
- Examine the eye with a bright source of light to see if there is a foreign body on the white of the eye.
- Use the moistened tip of the cloth or the cotton bud to remove the foreign body.
- If nothing can be seen, evert the eyelid to check if there is anything on the inside of the lid.
- With a gentle upward movement, remove the foreign body using a moistened cotton bud.
- Show the foreign body to the patient: this will reassure them that it has been removed. Ask them to return if the pain is still there the next day.
- Refer if the foreign body cannot be removed or is on the black of the eye.

---

## **HOW TO REFER A PATIENT YOU WILL NEED**

- Pen and paper or referral form
- Details of the place (and person) to whom you are referring. It is important to know if ophthalmic services are available and when. Some idea of the approximate costs involved is also important.

### **METHODS**

Your referral note should include:

- Patient details: Name of the patient, age, sex and address, and date of referral. (Example: Abdullahi Ali, age 45 years, Male, from Keffi Local Government, 1 June 2019.)
- Referring facility details: Name and telephone number of referring clinic and name of referring person. (Udi Okonkwo, Bwari Primary Health Care Centre, 01234567890, Mrs Kefas.)
- Information about the eye condition: Patient complaint, details of eye assessment and vision, details of what you did or prescribed ("painful red right eye", "foreign body too deep to remove", "R cant see 6/12"; gave tetracycline ointment"). If you have not provided first aid as shown in the algorithms, indicate this and note why in the patient record as well as the referral form.
- Your explanation to the patient and caregiver (if present) should be comprehensive:
  - explain why they need to be seen by a specialist eye care provider
  - insist firmly but gently on the seriousness of the condition
  - state whether the referral is urgent, requiring immediate attention, or can be undertaken at their convenience
  - mention the benefits of attending and risks of not attending
  - specify where and when the specialist eye care provider is available and the approximate cost – explain, if a treatment has been started, that that is not definitive.
- Ask the person or caregiver directly "Which questions do you have?" so that they feel at ease posing questions.
- Ask the referral specialist for feedback about the referral, so that you can provide follow-up care, and confirm that your management and referral were correct. If referral was inappropriate you can learn from this experience, and improve your assessment and management next time.

## HOW TO COUNSEL A PATIENT PREPARATION

**“Counselling is a form of helping that is focused on the patient’s needs, as perceived by the patient, and not on what others consider these needs to be.”**

(Fathers P., Stevens S. Improving the patient’s experience. Community Eye Health J 2008; 21(68): 55-57) Successful

delivery of eye care will be easier if the eye care team is able to:

- provide information to patients
- instil confidence in patients
- convince them of the need for treatment or follow-up. Improved communication allows patients to:
- recall information better
- experience greater satisfaction with their health care
- give genuine and informed consent
- cooperate more fully.

Patients tend to spend less time in hospital and recover more quickly. As a result, they are likely to talk about their good experience to other members of their community, thus stimulating better uptake of services.

Remember that every patient must be treated with dignity: this is a basic human right, especially in the health care setting where people feel more vulnerable.

The care delivered to patients must not be in any way restricted because of their age, gender, creed, nationality, political beliefs or other factors. A patient’s culture plays an important part in their perception of dignity. It is important to show that you respect the patient’s values. For example, ask the patient which name they prefer to use or whether they have a particular title.

## METHOD

- Create a relation of trust during the initial part of the consultation:
  - greet the patient
  - use polite forms of address
  - listen without interrupting the patient when they are talking
  - appear unhurried
  - use language the patient understands
- Determine what the patient expects from the consultation
- Explain clearly to the patient what you intend to do (i.e. management)
  - describe the plan for managing the current problem
  - mention health promotion and lifestyle issues if relevant
  - try to relate your management plan to the patient’s expectations
  - ask the patient for their views or questions about your management plan
- Allow the patient to have the final word about the management plan

- Come to a joint agreement on the decision made:
  - record the agreement clearly on the patient's chart
  - note what the patient has agreed to do and what you intend to do
- Explain how to use the medication if provided, when to return for follow-up or how to attend a referral appointment.

## COUNSELLING PROTOCOL ON USING MEDICATIONS

<b>Simplify when to use</b>	Match the treatment to the person's daily routine, e.g. instead of saying "use the drops every 4 hours", say "use the drops every time you have a meal and once before sleep".
<b>Instruct the person</b>	Explain to the person what to do, show them how to do it, let them try. If appropriate, give them written information. Tell the person when they should come to see you next, and explain which signs might indicate that they should come to see you sooner.
<b>Meet patient needs</b>	Find out what the person believes about their problem, and the treatment. Discuss any reasons why they think they may not be able to attend a referral. Follow up the treatment, and help them find solutions.
<b>Patient and family care</b>	Show a caring attitude. Use open-ended questions and active listening. Include the person and the caregiver in decisions made about the treatment. Explain in a clear and direct way, and use language the person can understand. Make sure the person understands: ask if they have any questions.
<b>Evaluate use</b>	Ask the person to repeat important instructions. Ask the person how they used the treatment at their next visit.

## HOW TO DO A GOOD HEALTH TALK YOU WILL NEED

- A place for a health talk: it can be held
  - in a health facility, at the beginning of the day, when the patients have arrived and before staff attend to them
  - in a hospital ward
  - on the radio or in the community.
- The subject matter. This can be decided by the health staff, who may have a programme topic for the month. Often the subject matter is related to the eye health concerns in the community such as talking about nutrition and or immunisation in children with measles, or prevention of cross infection in epidemic keratoconjunctivitis "Apollo"

- The talk is usually held in the local language, which makes communication considerably easier.
- Visual aids may be used: such as posters.

## **METHODS**

- The health talk will be better if the educator keeps the BASE model in mind, and knows what the community's beliefs, attitudes, subjective norms and enabling factors are. This will help the educator to address people's concerns and fears, to deal respectfully with them, to build on useful existing customs and to keep their problems and shortcomings in focus.
- Ensure that a knowledgeable member of staff delivers the health talk

This table displays some characteristics of good and bad health talks:

GOOD	BAD
<ul style="list-style-type: none"> <li>• two-way communication – lots of interaction with the audience</li> <li>• short and entertaining – one or two key messages</li> <li>• subject matter practical – deals with important local issues</li> <li>• visual aids used</li> <li>• simple, understandable language</li> <li>• speaker is friendly, respectful and approachable; aud is encouraged to participate and ask questions</li> <li>• creates a jolly atmosphere with lots of laughter and interruptions</li> <li>• checks if the audience has understood</li> </ul>	<ul style="list-style-type: none"> <li>• one-way lecture – only the health worker talks</li> <li>• long and boring – too many messages for the audience to remember</li> <li>• subject matter theoretical – decided on without considering local priorities</li> <li>• no visual aids used</li> <li>• lots of technical/English words</li> <li>• speaker behaves like a schoolteacher – e.g. a member of the audience has to stand up to ask a question, etc.</li> <li>• insists on a formal atmosphere, audience silent</li> <li>• doesn't check for understanding</li> </ul>

## **ADVANTAGES OF HEALTH TALKS**

- There is considerable evidence that health talks are effective ways of passing on health information (and passing on knowledge is an important part of empowerment).
- A fairly large number of persons can be brought together for a talk.
- Because staff know their patients and community, messages are usually highly relevant to the health problems and culture of the community.
- Often people come to health care facilities only when they are sick. Health talks convey important information to them about disease prevention which they would otherwise miss.
- Benefits of health talk can be shared with the family or community members not present

## **LIMITATIONS OF HEALTH TALKS**

- The educator may be talking to people who are already “converted” to modern health care: those who really need the information may not come to the health centre at all.
- People may resent being kept waiting for the sake of a talk – they have their lives to live.
- Knowledge can be passed on by a health talk, but not skills. It is also difficult to empower and motivate people just by talking to them.
- Often relatively junior staff members, with less knowledge and experience, are obliged to deliver the talk.

# APPENDICES

## PEC RECORD CARD

Name \_\_\_\_\_ Female ☐ Male ☐

Age \_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_

**Presenting complaint** (tick as many boxes as required. Indicate "R" or "L" or mark "both" if both eyes affected)

<input type="checkbox"/> Redness	R L	<input type="checkbox"/> with pain	R L	<input type="checkbox"/> with discharge	<input type="checkbox"/> itchy	<input type="checkbox"/> dry
<input type="checkbox"/> Loss of vision	R L	<input type="checkbox"/> poor distance		<input type="checkbox"/> near vision	<input type="checkbox"/> gradual	<input type="checkbox"/> sudden
<input type="checkbox"/> Eye injury	R L	<input type="checkbox"/> chemical		<input type="checkbox"/> hot liquid/flame	<input type="checkbox"/> foreign body	<input type="checkbox"/> knock/blow
<input type="checkbox"/> Lids	R L	<input type="checkbox"/> whole eyeball swollen		<input type="checkbox"/> lump on lids	<input type="checkbox"/> growth on eyeball	<input type="checkbox"/> lashes turned in
<input type="checkbox"/> Pain	R L	<input type="checkbox"/> severe pain		<input type="checkbox"/> pain not severe	<input type="checkbox"/> Other symptoms	<input type="checkbox"/>

**Eye Assessment** (tick as many boxes as required, adding details as necessary)

	RIGHT EYE DETAILS		WITH DISCHARGE	
Distance vision	<input type="checkbox"/> cannot see 6/60		<input type="checkbox"/> cannot see 6/60	
	<input type="checkbox"/> can see 6/60 but not 6/12		<input type="checkbox"/> can see 6/60 but not 6/12	
	<input type="checkbox"/> can see 6/12		<input type="checkbox"/> can see 6/12	
Near vision	<input type="checkbox"/> cannot see N8		<input type="checkbox"/> cannot see N8	
	<input type="checkbox"/> can see N8		<input type="checkbox"/> can see N8	
The white of the eye is white (with a few red veins)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The black of the eye is black and shiny	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The eyes are the same size	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The eyes look straight ahead	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The lids are normal: close well, no growths	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The lashes should face outwards; clean	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other signs of abnormality	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Management** (Please provide details of each management option)

<b>Management</b>	<input type="checkbox"/> First Aid	<input type="checkbox"/> Medication
<b>Referral</b>	<input type="checkbox"/> Urgent	<input type="checkbox"/> Non-urgent

Advice given \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

Health facility \_\_\_\_\_ Tel: \_\_\_\_\_

Name \_\_\_\_\_

# Healthy eyes – Messages for all ages

1. Use protective eyewear when working with objects that might damage your eyes: welding, chemicals, projectile metal or wood, etc.
2. If chemicals, or substances that burn or sting, come into contact with your eye, immediately rinse your eye with clean water for at least 15 minutes.
3. If you have an eye problem go to your nearest health care facility as soon as possible. Go immediately if you have an eye injury, if your eyes are painful or if your vision suddenly becomes poor.
4. Do not put any medication into your eyes unless prescribed by a health care provider.
5. Protect your eyes from excessive sunlight with, for example, hats, scarves, sunglasses or umbrellas.
6. If you have diabetes prevent your eyes from going blind by having a complete eye examination at least once a year, and by checking your blood sugar regularly.
7. If you have a relative with glaucoma, have an eye examination for glaucoma at least once a year.
8. If you have problems seeing small nearby objects or when reading, you may need glasses for near work.

## **HEALTH MESSAGES WHICH ARE IMPORTANT FOR EYE HEALTH BUT ARE ALSO INTEGRATED INTO OTHER PROGRAMMES:**

9. Wear seat belts to avoid injuries including eye injuries.
10. Keep hands and faces clean to avoid infections, including eye infections.
11. Protect your health, including your eye health, by not smoking.

# Healthy eye messages for children, mothers and caregivers

1. Prevent serious eye infections in newborn infants:
2. Their eyes immediately after birth and if available, instil antibiotic eye medication.
3. A baby with swollen eyelids and severe eye discharge needs treatment immediately: seek help from the nearest health facility.
4. To avoid your child being lifelong blind, seek help from an eye care provider as soon as possible if:
  - the child's eyes do not look normal
  - the child does not look towards or follow a face, bright object or light source – or if someone thinks the child may have eye or vision problems.
5. Children should not play with or near sharp objects to avoid eye injuries.

## **HEALTH MESSAGES WHICH ARE IMPORTANT FOR EYE HEALTH BUT ARE ALSO INTEGRATED INTO OTHER PROGRAMMES:**

1. Promote exclusive breastfeeding for six months.
2. Mothers and children should be fully immunized including against rubella and measles.
3. Regular vitamin A supplementation of pre-school children is important for good vision and healthy growth.
4. Children should eat foods like fish, dark green leafy vegetables, carrots and fruits to keep their eyes healthy.
5. Children should be secured in car seats and with seat belts.



# Sample case studies

## VISION LOSS – DISTANCE VISION

**John:** "Nurse – I've noticed that when I'm in class I can't see the blackboard unless I sit near the front. This is difficult for me as I'm always late and find the front desks taken."

**Nurse:** "How old are you?"

**John:** "I'm 22 years old and in my second year at University."

**Nurse:** "When did you first notice this problem?"

**John:** "It wasn't so bad when I was in first year but now it's worse." **Nurse:** "Let me test your vision." He finds he can see 6/60 but not 6/12.

### 1. VISION LOSS – DISTANCE VISION

**Margaret:** "My son, these days when I look at things I feel like I'm looking through smoke."

**Nurse:** "How long has this been happening?"

**Margaret:** "I noticed it first about 8 months ago but I feel the smoke is getting thicker."

**Nurse:** "Margaret, I want you to relax and I will examine your eyes."

### 2. SUDDEN VISION LOSS

Juma and Halima come into the clinic looking frantic.

**Juma:** "Nurse, I'm so worried. My wife has been coughing terribly all night. Then when we woke up she said she couldn't see anything with her right eye."

**Nurse:** "I'm sorry to hear that. Halima can you describe what happened?"

**Halima:** (Cough, cough) "My son, I'm sure I'll be blind forever. I've been having this bad cough. It disturbs me so much at night. But last night I felt a strange feeling in my eyes." (Cough, cough) "I didn't think so much about it as it was dark. I was shocked this morning to find my right eye is only seeing darkness. The funny thing is I feel no pain."

**Nurse:** "Halima have a seat. Here is some water. Drink some." (Halima drinks)

**Nurse:** "Let me examine your eyes, and then we will talk. I'll have to give you something for that cough as well."

(Finds Halima cannot see 6/60) What does the nurse do?

### 3. VISION LOSS – NEAR VISION 1

**Mr Hassan:** "My daughter, I have a problem reading my bible these days. The letters have become too small."

**Nurse:** "How old are you Mr Hassan?"

**Mr Hassan:** "I'm still young as my wife will tell you; I'm now 59 years old".

**Nurse:** "Let me examine your eyes and then I'll tell you how I can help you".

Pretends to examine patient

**Nurse:** "Mr Hassan, your eyes look completely normal and you can see very far".

**Mr Hassan:** "I know that, nurse. I just can't understand why I can't see my bible. Is it the devil tricking me?"

#### **4. VISION LOSS – NEAR VISION 2**

**Mrs Kolawole:** "My son, I have a problem putting thread into a needle these days".

**Nurse:** "Have a seat. I'm sure I can help you. How old are you Mr Kolawole?" Mrs

**Kolawole:** "Only 43 years old. My last born is still breast feeding".

**Nurse:** "Let me examine your eyes and then I will tell you how I can help you".

Pretends to examine patient

**Nurse:** "MrsKolawole, your eyes look very good. You can see very far. But I know what your problem is. I will help you".

#### **5. VISION LOSS - DISTANCE AND NEAR**

**Mr Ode:** "Ekaette, my daughter, I've a problem with my eyes. I make diamond rings but these days I can't see the small pieces of diamond".

**Nurse:** "How is Jamila? Let me examine your eyes and then I'll tell you how I can help you".

**Nurse:** "Mr Ode, how old are you? I think I know what your problem is. Age is catching up".

**Mr Ode:** "Yes oh my pikin.....I reached 50 last week".

**Nurse:** "OK, let me examine you now".

Nurse examines Mr Ode's distance VA and finds it abnormal (Can see 6/12 but not 6/60). The eyes look normal.  
What does she do next?

#### **6. SAMPLE CASE – ALGORITHM 3**

Agbani walks into the clinic with half her face covered with a scarf

**Nurse:** "How can I help you?"

**Agbani:** "I don't want anyone to look at my face. Yesterday my lower lid was a bit itchy but when I woke up this morning, I have this painful lump and my face looks so ugly".

**Nurse:** "Let me have a look, Agbani".

Nurses sees a small red lump on Agbani's right lower lid.

**Nurse:** "Agbani, you don't look ugly and you don't need to cover your face. Is this the first time you have this problem?"

**Agbani:** "No, last year I had a similar one on the upper lid but it disappeared after a few days". Nurse: "OK, Agbani let me test your sight then I'll tell you how I will help you with this". Nurse finds vision is 6/12 both eyes

**7. A young tourist**

Pierre, 26 years old, is brought to Kubwa Health Centre with a severe injury of the face after falling off a taxi motorbike. One of his eyes is bleeding a lot and he is very worried as he cannot see at all. However, when you clean away the blood you find that he can see normally.

This case can be used for algorithm 4 “Trauma” regarding counselling (reassuring the patient that he is not blind) and referral

**8. Mr John is a trainee at the University of Brilliance.**

He went fishing on Lake Jabi and had a nasty accident. You look at his eye and almost faint. The fish hook has gone right through. You must refer him to a specialist immediately. What do you do next?

**9. Mrs Okonkwo saw you yesterday at Freedom health centre and you gave her reading glasses.**

She was very happy. Today she has brought her baby. The baby was born with only one eye but Mrs Okonkwo was too shy to ask for help before. Her mother-in-law had told her that such a baby is a curse to the family. But now she is so happy with what you did for her yesterday she is sure you can help her. Mrs Okonkwo shows you her 5-month old baby. You realize that the baby has one seeing eye; the other eye is shrunken and looks completely white. What do you do?

This case can be used for algorithm 5 “Children aged 5 years and under” regarding counselling and referral

PowerPoint photo cases are available in the presentation “Normal and abnormal eyes”. Create additional case studies as appropriate.

## Eye Health Referrals Register

1. Name of Facility: \_\_\_\_\_

**2. State:** \_\_\_\_\_

**3. LGA:** \_\_\_\_\_


**4. Ward:** \_\_\_\_\_


**5. Month/Year:** \_\_\_\_\_

[illegible]

18. Completed by: \_\_\_\_\_ Name \_\_\_\_\_ Designation: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

19. Approved / Reviewed by: Name \_\_\_\_\_ Designation: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

<h2>Eye Health Facility Feedback Form</h2>				
<b>IN-COMING REFERRAL SLIP</b> (To be returned to originating facility)				
Name of Health Facility: _____				
State: _____		LGA: _____		Ward: _____
Name of Patient/Client: _____			Age: _____	Sex: _____
Hospital Number: _____				
<div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	<div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	<div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>		
Receiving personnel: _____				
Date/Sign: _____				
Contact Phone Number: _____			Email: _____	

<h2>Eye Health Facility Referral Form</h2>			
<b>OUT-GOING REFERRAL SLIP</b>			
Name of Referring Health Facility: _____			
State: _____	LGA: _____	Ward: _____	
Name of Patient/Client: _____	Age: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Sex: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
Hospital Number: _____			
Description of eye condition		Reason for referral	
Provisional Diagnosis		Treatment Provided	
Name of Health Facility referred to: _____		Attn to(Unit): _____	
Referring Personnel: _____		Date/Sign: _____	
Contact Phone Number: _____		Email: _____	

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