

**NURSING CARE PLAN No 33**  
**Retinopathy of Prematurity (ROP) Eye Assessment & Management in the Ophthalmology Suite**  
*Please use all careplans in conjunction with careplan 1*

Full Name: .....

Address: **Addressograph** .....

HCR:.....

<b>Care Plan No 33</b>	<b>Retinopathy of Prematurity (ROP) Eye Assessment &amp; Management in the Ophthalmology Suite</b>	<b>Issue Date:</b> December 2018 <b>Review Date:</b> December 2021
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<p>..... is attending Ophthalmology OPD and will require an Eye Examination for investigations and / or monitoring of ROP</p>	<ul style="list-style-type: none"> <li>The infant and parent/guardian will be safely prepared for the examination.</li> <li>Parent / guardian will be reassured prior to the procedure.</li> <li>Interpreter is arranged as required.</li> </ul>
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<b>1</b>	<b>NURSING INTERVENTION</b>	Commencement Date, Signature Grade	Discontinued Date, time, Signature, grade
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<ul style="list-style-type: none"> <li>Before the procedure</li> <li>Administer dilating eye drops as prescribed as per Guidelines on Performing Eye Care 2017.</li> <li>Allow 30 minutes to take effect and ensure pupils dilated.</li> <li>Record and report side effects to the medical team if any noted.</li> <li>Equipment check – Emergency trolley available for use</li> <li>Oxygen: Yes <input type="checkbox"/> No <input type="checkbox"/> Suction: Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Record baseline observations and report any deviation to the medical team.            T:..... P:..... R: ..... O<sub>2</sub> Stats: .....</li> <li>Wrap infant in a blanket</li> <li>Administer Sucrose (sweetease) ® as prescribed prior to the procedure to alleviate pain</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 25%;">During procedure</th> <th style="width: 25%;">Post procedure 1</th> <th style="width: 35%;">Post procedure 2</th> </tr> </thead> <tbody> <tr> <td>Time</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Heart Rate</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Oxygen saturations <i>(detail if in room air or oxygen)</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other comment</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Signature</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		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					
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\*\*\*Please note - if the infant becomes bradycardiac during the procedure this is an indication to stop procedure\*\*\*\*

<b>2</b>	<b>PARENTAL INFORMATION</b>	Commencement Date, Signature Grade	Discontinued Date, time, Signature, grade
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<ul style="list-style-type: none"> <li>Ensure the parent / guardian has the opportunity to discuss the procedure with the consultant.</li> <li>Give parents / guardian an opportunity to ask questions.</li> <li>Ensure follow up appointment is give as per consultant.</li> </ul>		
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Traceability Record	Nursing Care Evaluation
	Signature:.....NMBI:.....

# ROP EXAMINATION

Full Name: .....

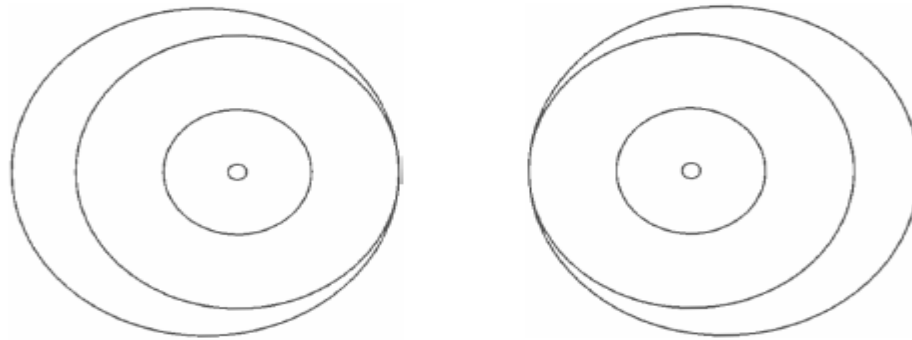
Address: **Addressograph**  
.....

HCR:.....

HCR No: ..... DOB: \_\_/\_\_/\_\_\_\_

<b>Gestational Age</b>		<b>Birth Weight</b>	
<b>Corrected Age</b>		<b>Date of Examination</b>	

<b>MEDICATIONS</b>	<b>MEDICATIONS</b>



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

**Date of Next Examination:**

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**Consultant Name / Stamp:** .....