Clinical skills
How to .... Examine an eye

Janet Marsden  Professor of Ophthalmology and Emergency Care. Manchester Metropolitan University, Manchester, England
Correspondence to: j.marsden@mmu.ac.uk
Nursing Standard. 30, 13, 34-37. http://dx.doi.org/10.7748/ns.30.13.34.s44

Accepted: 25 March 2015 Published in print: 25 November 2015 Submitted date: 26 September 2014

Rationale
This article is written to hep nurses to perform a systematic external examination of the eye with the minimum of equipment....The eye is a scary place for many nurses, but almost all of our patients have two so we all need to have at least a broad knowledge of how to examine them

• 6-8% of presentations to emergency departments are eye problems. A similar proportion present to primary care
• The skill of eye assessment needs few elements of equipment
• Nurses need to be able to assess the integrity of the eye and decide whether further, specialist assessment is needed

Contributing to Clinical skills
Nursing Standard encourages author contributions to the Clinical Skills series. Please email How.to@rcnpublishing.co.uk with a synopsis of your idea. All submissions are subject to double-blind peer-review and checked for plagiarism using automated software.

Preparation and equipment

• A source of light, a bright pen torch or ophthalmoscope
• Magnification if possible
• Cotton bud or cotton tipped applicator
  For a comprehensive eye exam
    Fluorescein eye drops or impregnated strip
    Topical anaesthetic drops
• Knowledge of normal anatomy

Procedure
Evidence base

'Eyes' are something that worry many nurses and a similar proportions of our medical colleagues. There is little in pre registration education about them but we know that they are quite small and rather complicated. We are also very aware that without them, or the sight that they allow us to have, life would be much more difficult. Patients are in the same position so, if anything seems amiss, they are likely to be worried, as are those nurse is who lack confidence in what they are looking at and what to do about it. The cornea, the clear 'window of the eye' contains many nerve cells underneath the layers of epithelium. These have a protective function, telling us very loudly, if they are exposed, that we have a problem.
It is commonly heard from nurses that they ‘do not do eyes’. If this were any other system of the body, we would be horrified but this statement often provokes agreement! The eye is complex, but fascinating. It is the only organ we can see inside without invasive techniques. We can see blood vessels working (without loss of blood!) and visualise the internal tissues making up a part of the body.

A knowledge of the normal anatomy, particularly the external anatomy of the eye is key to understanding what is normal and therefore what it not. Examining the eye takes a minimum of equipment and we have another one to compare with, to try to work out what is normal and what is disordered and, because these parts of the body are generally completely visible, we have the patients input to let us know what is normal for them. Using a systematic process for examination means that when the nurse internalises the process, it will be used every time and no steps will be missed out, so no abnormalities will be missed (Marsden 1998).

Literature

<table>
<thead>
<tr>
<th>References [10-15 max]</th>
<th>Further reading and useful links [5 max]</th>
</tr>
</thead>
</table>

Reflective activity

1. What further knowledge and skills do you need in order to be able to explain to your patient what might be happening when they have an eye problem?
2. How will you go about gaining this knowledge?