




1. Assess lid closure DAILY

<p>Eyelids close well (or patient blinking normally)</p> <p>Grade 0</p>  <p>No action needed</p>	<p>Incomplete closure <i>Conjunctiva ONLY</i></p> <p>Grade 1</p>  <p>Ointment* every 4 hours</p>	<p>Cornea exposed <i>(this is the clear window overlying the coloured part of the eye, the iris)</i></p> <p>Grade 2 = MAJOR RISK</p>  <p>Ointment* every 4 hours AND lid taping</p>
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2. Assess cornea and conjunctiva DAILY

Corneal changes	Management
No changes to cornea	No further action necessary. Reassess daily
Redness, discharge, conjunctival swelling, incomplete lid closure with exposed cornea	Commence lubricants +/- taping. If significant issues after 24-48hrs make Daytime Ophthalmology referral
White opacities on the cornea	URGENT Daytime Ophthalmology referral

NB: During the COVID19 pandemic please contact Local Ophthalmology Department if still available. Otherwise contact your tertiary eye centre. If not available, call Moorfields Eye Hospital on 020 7253 3411 to discuss with A&E Doctor or Cornea Team for advice.

3. Documentation

- Eyelid closure**
 - Eyelids can close completely
 - Incomplete closure (conjunctival exposure only)
 - Corneal exposure
- Conjunctiva** - white, redness, swelling, haemorrhage, discharge?
 - If discharge is present, send swab for microscopy, culture and sensitivities
- Cornea** - clear or white opacities?
- Preventative measures**
 - Ointment* (Lacri-Lube, VitA-POS, or Simple Eye Ointment)
 - Eyelid taping

REFERRALS made ?

How to clean the eyes, apply ointment and tape

Clean the eyes:

- Bathe with warm water using gauze
- Clean from inner to outer lid, in a downward direction



Apply ointment:

- Pull lower lid down
- Insert ointment between lid and conjunctiva



Apply tape:

- Close eyes, check lashes not poking in and fully shut (otherwise very dangerous)
- Ensure surrounding skin is clean and dry
- Tape upper lid down horizontally from inner to outer lid with 4cm micropore

