

# Tips for Nurses: Eye Care



**What it is:** Eye care is attention to the health and comfort of a person's eyes.

**Why it matters:** Towards the end of life, dry eyes and excessive eye secretions are both common and can cause discomfort.

Reduced visual acuity (the eye's ability to resolve fine detail) is also common in older people. It affects the risk of falls, and impacts emotional health, independence, and participation in usual activities.

**What I need to know:** There are many reasons why eye health may be compromised in older people including:

- impaired vision due to:
  - cataracts
  - diabetic retinopathy
  - age-related macular degeneration
  - glaucoma
  - uncorrected refractive error
- improper contact lens hygiene
- prolonged wearing of contact lenses
- accumulation of secretions on eyelids.

In older people with palliative care needs eye health can also be impacted by:

- their condition or adverse effects of certain medications
- advanced illness of the eye and treatments such as radiation therapy to the head.

Cachexia-related weight loss is associated with significant loss of muscle with or without fat loss. Around the eye this can lead to altered eye positioning and in the terminal phase eyes may become dry if the eyelids do not fully close even when the person is sleeping.

It should also be noted that as a person approaches death, the pupils of their eyes become fixed and dilated. The eyes may become sunken or bulging and glazed, and eye secretions may accumulate around the eye.

## Actions

**For eye health, consult** with a GP or optometrist to determine the most appropriate treatment.

**Hand hygiene** is important when attending to eye care.

### For eye secretions

- use a sterile cotton ball moistened with sterile water or normal saline over the lid margins
- wipe from the inner canthus of the eye to the outer canthus
- use a new cotton ball and repeat until secretions are clear
- use a separate pad for each eye.

**For dry eyes,** use of ophthalmic lubricants, artificial tears or saline can help.

**Remove** contact lenses for seriously ill people and reinsert only when they become more active in their care and require the lenses to see properly.

**Provide** regular access to eye examination services. An optometrist or ophthalmologist can perform an eye test.

**Ask** whether the older person wears glasses or other eye wear and offer vision aids where needed.

**Name:** \_\_\_\_\_

## My reflections:

What can I do when an older person has signs of eye secretions?

How often do older people in my care have their eyes assessed?

## My notes:

See related palliAGED Practice  
Tip Sheets:  
Oral Care  
Recognising Deterioration  
Sign of Imminent Death

For references and the latest version of all the Tip Sheets visit  
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