STANDARDIZED CLINICAL PROTOCOLS

Outreach Protocols
STANDARDIZED OUTREACH CLINICAL PROTOCOLS

1. Go through checklist of items to be taken to the camp site before leaving the hospital

2. Basic guidelines for screening:
   i. Screen for operable cataracts
   ii. Screen for refractive error
   iii. Screen for dacryocystitis
   iv. Check IOP in patients over 40 yrs of age for Glaucoma
   v. Screen for paediatric eye problems
   vi. Screen for other ocular problems (ie VA not corresponding to lens changes)
      Eg. Diabetic retinopathy, corneal problems, Glaucoma, etc.,

3. a. Examination protocol
   Patient is first registered according to procedure standardized under "registration".
   Room No. 1: Vision testing
   Room No. 2: Preliminary examination by doctor using torch, direct ophthalmoscope, dilating drops, antibiotic drops

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Action to be taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractive error</td>
<td>- send for refraction</td>
</tr>
<tr>
<td></td>
<td>- Paediatric refraction &amp; Complicated refraction to come directly to hospital</td>
</tr>
<tr>
<td>Early cataract</td>
<td>Explain &amp; advice (according to vision criteria)</td>
</tr>
<tr>
<td>Significant cataract</td>
<td>Tension, duct - final examination</td>
</tr>
<tr>
<td>Dacryocystitis</td>
<td>Final examination for advice (no duct examination in acute cases)</td>
</tr>
<tr>
<td>Other ocular problems</td>
<td>Final examination</td>
</tr>
</tbody>
</table>

   Elicit any systemic problems like DM/ HTN/ Cardiac/ Asthma/ Epilepsy, etc
Room No. 3: Tension, duct, BP, Urine sugar.

Room No. 4: Refraction

Room No. 5: Final examination by doctor

- medical treatment
- spectacle prescription
- case selection for surgery
- cases with major medical problems is referred to physician
- very old, debilitated patients can come directly with attendant to hospital or seek local doctor's help for further treatment

Room No. 6: Admission, Counsellor

Room No. 7: Opticals

b. Dilatation:

- For assessment of lens changes in immature cataracts
- Optional for patients known to be diabetic, with fundus pathology

c. Case selection for surgery:

1. All operable cataracts
2. DCT along with advanced cataract
3. Glaucoma cases to come directly to hospital except phacomorphic and phacolytic glaucoma

d. Counselling by social worker:

1. Explain about surgery
2. Explain importance of bringing present medication for systemic problems along with them while coming to hospital
3. Cases selected for IOL surgery should be advised to bring the cost of IOL
e. Transport of patient to base hospital

4. Review of operated patients at camp site

Review is conducted 40 days postoperatively

i. Vision testing

ii. Examination by doctors using torch, direct ophthalmoscope
   - Routine postoperative medications are explained
   - Lookout for any complications

iii. Refraction is done and for cases with pinhole vision of 6/18 or worse
     further review at the hospital

iv. Any patient needing detailed examination, management of complications are advised to come directly to hospital
Flow Chart of Examination Protocol at Camp Site

1. Registration
2. Vision testing
3. Prelim. examination by doctor, using torch, direct ophthalmoscope, drops
   - Common medical problem
   - Very early cataract
4. Advice treatment
5. Refraction
6. Dilate
   - Tension, Duct, BP, US
7. Final exam by doctor
   - Glasses prescribed
   - Select cases for surgery
   - Surgical cases with major medical problems
8. Optical
   - To counsellor for admission
   - Refer to physician
9. Admission
10. Direct admission