



**VISION 2020 e-resource**  
*-for eyecare management worldwide*

---

## **Outreach Camp Protocol**



## Outreach Camp Protocol

### Standardized Administrative Protocols

#### Pre-Camp Activities

<b>Activities</b>	<b>Time frame</b>
To develop an annual plan and week / monthly schedule	Beginning of the year
To contact the sponsors and make them realise the need for camps	Atleast one month before the camp
To judge the sponsor's financial capacity and manpower availability.	At the time of approach
To make the sponsor realise his commitment	At the time of approach
To explain the camp procedure to the sponsor	If the sponsor is convinced
To suggest a suitable date that does not coincide with local festivals, harvest, etc.	One month before the camp
To select camp site & confirm	One month before the camp
To assist the sponsor in planning the work to be done & publicity to be made	After finalizing the date and place
To update the sponsor on hospital based activities related to camps	Periodically
To give a standard format of notice and poster to the sponsor for publicity work.	One month before the camp
To ensure the execution of publicity work (Proper planning and delegation)	Two weeks before the camp

To conduct periodical meetings (monthly / weekly) at the base hospital to assess the no. of doctors, paramedical staff, drivers and vehicles needed	Once a month
To plan the accommodation & food for the expected in-patients on the camp day	During the camp meeting
To prepare operation and discharge schedule	During the camp meeting
To finalise the camp posting and inform the people concerned.	A week before the camp
To make indents for the items (medicines / instruments) to be received from stores	A week before the camp
To plan transportation for the patients from the campsite to the hospital and back	A week before the camp

**Camp Day Activities**

<b>Activities</b>	<b>Time frame</b>
To make ready OP & IP registers, other documents, medicines, equipments etc.	One day before the camp
To arrange furniture facilities in the camp site for various stages in the screening of patients	One day before the camp
To instruct the volunteers to enter the patient information (name, age, sex, address, date and place of camp) in OP card, Identity card, Register and to manage the patient flow	One day before the camp
To group the patients advised for surgery after the final stage of screening and to convince them to accept surgery	On the camp day
To perform the Urine test & record BP at the camp site itself	On the camp day
To enter the selected patient's particulars in in-patient documents	On the camp day
To arrange food for medical team as well as the patients selected for surgery	One day before the camp
To arrange transport to take the patients to the hospital	On the camp day

**Post-Camp Activities**

<b>Activities</b>	<b>Time Frame</b>
To admit the patients brought from the camp	On the camp day
To inform the doctors & paramedical staff to take care of pre-operative procedures	A week before the camp (a temporary schedule)
To make food arrangements for the patients	On the camp day
To look after the facilities provided in IP area during post-operative medication	Daily
To thank the sponsor with camp results	The day after the camp
To maintain a good rapport with the sponsor	Periodical visit, mailing & meeting
To discuss the success & failure and to review the plan & performance	Every week
To draw camp reports & statistics (update)	For each camp, after the camp
To send the reports to the local agencies, Government sectors, Supporting Agencies	For each camp whenever it is needed
To get interdepartmental feedback in order to maintain a level of satisfaction and growth	Periodical meeting
To plan future outreach programs	End / beginning of the year

**Standardized 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 (i.e. VA not corresponding to lens changes)  
E.g. 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

Refractive error - Send for refraction

- Paediatric refraction & complicated refraction to come directly to hospital.

Early cataract - Explain & advice (according to vision criteria)

Significant cataract - Tension, duct - final examination

Dacryocystitis - Final examination for advice  
(No duct examination in acute cases)

Other ocular problems - Final examination

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:  
Optical

### Dilation:

For assessment of lens changes in immature cataracts.

Optional for patients known to be diabetic, with fundus Pathology.

### b. Case selection for surgery:

- i. All operable cataracts
- ii. DCT along with advanced cataract
- iii. Glaucoma cases to come directly to hospital except phacomorphic and phacolytic glaucoma

### c. Counselling by social worker:

- i. Explain about surgery
- ii. Explain importance of bringing present medication for systemic problems along with them while coming to hospital
- iii. Cases selected for IOL surgery should be advised to bring the cost of IOL

### d. Transport of patient to base hospital



#### 4. Review of operated patients at camp site

Review is conducted 40 days post-operatively

- i. Vision testing
- ii. Examination by doctors using torch, direct ophthalmoscope Routine post-operative 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, or management of complications are advised to come directly to hospital

**Flow chart of examination protocol at campsite**

