

# STANDARDIZED CLINICAL PROTOCOLS

## Outreach Protocols



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**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

<b>Diagnosis</b>	<b>Action to be taken</b>
Refractive error	<ul style="list-style-type: none"> <li>▪ send for refraction</li> <li>▪ Paediatric refraction &amp; Complicated refraction to come directly to hospital</li> </ul>
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 refered to physician
- very old, debilitated patients can come directly with attender to hospital or seek local doctor's help for further treatment

**Room No. 6:** Admissison, Counsellor

**Room No. 7:** Opticals

***b. Dilatation:***

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

***c. 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

***d. 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



*e. Transport of patient to base hospita*

**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**

