

Nurse Led Watery Eye Clinic for the Oculoplastic Specialist Nurses in Ophthalmology Department

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

November 2026

KEY WORDS

Nurse Led Watery Eye Clinic Oculoplastic Ophthalmology

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures offers guidance to enable qualified Oculoplastic specialist nurses to perform Nurse Led Watery Eye Clinic in the Oculoplastic Speciality. This ultimately will contribute to the efficient delivery of the ophthalmology out-patient's service.

Over the past 27 years, a number of professional and legislative documents have provided the impetus for the expansion of nurse-led services. This began with the 'New Deal' for junior medical staff (NHSME, 1991), which resulted in the reduction in the number of junior doctors hours, and the subsequent re-allocation of some routine medical duties to nursing staff. This in turn was facilitated by the Royal College of nursing document. 'The nature, scope and value of ophthalmic nursing' (RCN 2016), which allowed nurses to expand their roles within their own and the organizations capabilities. More recently, the Department of Health (DOH 2018) has published a number of papers emphasizing the expanded role of nurses in increasing the efficiency and quality of service provision within the National Health Service (NHS). The NHS five year plan (2019) emphasis that the new NHS roles and careers will be shaped to reflect the future needs and priorities and will be supported by Health Education England (HEE) (2017).

Excessive watering from the eyes, a condition that is medically referred to as epiphora, is a common eye problem which can affect people of any age. It can occur when the tear-drainage system fails to properly drain the tears from the eyes.

However, in some people, the eyes may water excessively due to tear film imbalance & dry eyes which is a very common condition, affecting up to 40% of the population at some time in their lives. Other frequent causes of watering eyes include grit or eyelashes entering the eye, or allergies, colds and sinus problems.

However, if the problem is persistent then it could be caused by a particular condition, including;

- Blocked tear ducts
- Dacryocystitis – swelling of the lacrimal sac due to blocked tear duct
- Entropion – inward-rolling eyelids
- Ectropion – eyelids drooping away from the eye
- Blepharitis- inflammation of eye lid margin
- Dry eye syndrome, which can lead to the eyes reflex producing too many tears
- Conjunctivitis, a common eye infection resulting in inflammation

This document offers guidance to enable qualified nurses with ophthalmic experience to perform Nurse Led Watery Eye Clinic in the Oculoplastic Speciality.

This practice will take place in the ophthalmic department within UHL or in community setting. This document applies to adult patients over the age of sixteen.

1.2 Greater efficiency in terms of waiting time for treatment. The nurse will have regular sessions in clinic, giving patients the outcome of the consultation. This ultimately will contribute to the efficient delivery of the ophthalmology out-patient's service.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 This policy applies to qualified nurses with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice in Nurse Led Watery Eye Clinic

2.2 The qualified nurse undertaking this Nurse Led Watery Eye Clinic must be a first level registered nurse with at least two years Oculoplastics specialist nursing experience. This training relates only to registered nurses and does not incorporate any associated health care professionals.

2.3 Specific criteria apply to Nurse Led Watery Eye Clinic

- a) The consultation is associated with new referrals either from GP or opticians or other ophthalmologists within the trust
- b) The appointment is pre-booked (agreed with the patient)
- c) Referrals should be filtered by Oculoplastics consultants.

2.4 When listing a patient to a Nurse Led Watery Eye Clinic.

The clinician must not list any patients that fall into the exclusion criteria, namely:

- a) Children under the age of 16

2.5 The Oculoplastic Consultant Ophthalmologists, Service Manager and the Head of Nursing support the expansion in nursing practice.

3 DEFINITIONS AND ABBREVIATIONS

PMH – Past Medical History

4 ROLES – WHO DOES WHAT

4.1 The executive director responsible for oversight of this policy is the Chief Nurse.

4.2 Line Managers

Line managers are responsible for:

- a) Identifying and supporting the appropriate staff to complete the assessment of competence in practice
- b) Verifying the competence of staff in Nurse Led Watery Eye Clinic for the Oculoplastic Specialist Nurses

4.3 Authorised Staff

4.3.1 All staff that performs Nurse Led Watery Eye Clinic activity must be authorised by their line manager and Oculoplastic consultant and carry out this activity as an integral part of the key responsibilities within their role and not considered outside their scope of professional practice.

4.3.2 Staff who may undertake this role will normally be on a statutory register (e.g. Nursing and Midwifery Council (NMC)) and the practice of Nurse Led Watery Eye Clinic will be 'within normal scope of practice'. These are Oculoplastic Specialist Nurses.

4.3.3 All authorised staff must have undertaken appropriate education and training (see section 6) which must be identified through the appraisal process and be included in their Personal Development Plan (PDP).

4.3.4 There is no set timeframe expected for staff to undertake this role, this is down to the discretion of the individual CMG. However it is recommended that where appropriate staff should have at least two years of Oculoplastic specialist nursing experience.

4.3.5 Staff moving between units or community setting remains competent to perform Nurse Led Watery Eye Clinic.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1.1 The booklet for Nurse Led watery eye clinic must be fully completed in black ballpoint pen and signed and dated.

5.1.2 Staff needs to have a practical assessment by Consultant only.

5.1.3 A copy of the completed booklet must be retained in the patient's notes or electronic clinical record.

5.1.4 The patient's addressograph label must be attached to the booklet for the nurse led watery eye clinic or where this is not possible, the patient's details must be handwritten on the document with S number, name, and date of birth as a minimum.

5.2 The nurse will be assessed to ensure that they have the required level of competence before being allowed to perform Nurse Led Watery Eye Clinic independently

5.3 During the assessment if the problem is caused by any of these conditions:

- In growing Eyelashes
- Dry eyes with minimal cornea involvement
- Blepharitis

The Oculoplastic Nurse to treat them appropriately, including prescription of drops where indicated and with further follow ups if necessary.

5.4 During the assessment if the problem is caused by any of the following conditions, such as;

- Blocked tear drainage ducts
- Dacryocystitis – swelling of the lacrimal sac due to blocked tear duct
- Entropion – inward-rolling eyelids with corneal involvement
- Ectropion –outward turning of the eyelid with cicatricial changes
- Dry eyes with extensive cornea involvement
- Patients with previous extensive medical or surgical history

The patient should be referred to the Consultant clinic for further management or to be listed for appropriate procedures

5.5 During the assessment if the problem is caused by any of the following conditions, the assessing practitioner can add the patient to Oculoplastic waiting list for surgical correction.

- Punctual Stenosis or small size punctum
- Ectropion
- Entropion
- Non suspicious lesions on eyelid causing watery eye.
- In growing eyelashes

5.6 Reasonable Adjustments

- a) Reasonable adjustments will be made for staff with an identified learning difference where possible.
- b) Staff who believe that they have a learning difference will be supported using the Equality, Diversity and Inclusion Policy (Trust Reference B61/2011)

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 All staff who undertake Nurse Led Watery eye clinic must:

- a) Complete the training and assessment programme run by the Oculoplastic Team in the Ophthalmology Department
- b) Have completed a period of supervised practice, the time span of which will be agreed by the assessor but ideally to be completed within 2 years.
- c) Have evidence of assessment and competency signed by an LCAT or other appropriate assessor (see section 7.4)
- d) The theoretical knowledge underpinning this procedure will be gained both propositionally, through appropriate reading, and experientially, through working alongside medical colleagues.
- e) Have completed and qualified as an independent nonmedical prescriber
- f) The nurse preparing for this expanded role will undertake advanced training and assessment under the supervision of the Consultant, Fellow, Specialist Registrar or Oculoplastic specialist nurse. This will include:
 - Observation of the Consultant, Fellow, Specialist Registrar, Oculoplastic specialist nurse in ophthalmic theatre and outpatient minor operation room within ophthalmology department for various surgical procedures.
 - Practical summative assessment by the Consultant only.
 - The nurse will be assessed to ensure that they have the required level of competence before being allowed to assess patients independently.

6.2 Staff new to the Trust and / or who have been trained elsewhere must:

- a) Provide evidence accepted by their line manager of the training and assessment of competence they have successfully completed. If the member of staff does not have any evidence of successful completion then they may need to undertake the Nurse led watery eye clinic practical assessment sessions by Consultant, Fellow, Specialist Registrar or Oculoplastic specialist nurse
- b) This must be discussed with their line manager
- c) Read the relevant Trust policies and undertake additional local training relating to equipment and documentation as required.
- d) Undertake a final sign off practical assessment by a Oculoplastic Consultant

6.3 To be able to assess the knowledge and competencies of others in Nurse Led watery eye clinic must:

- a) Have a sound knowledge of current policies and procedures
- b) Ideally be identified by the line manager as an LCAT assessor and have completed or be working towards a relevant mentor / assessor course such as

The Oculoplastic Consultant, Fellow , Specialist Registrar, Oculoplastic specialist nurse and final assessment signed by Oculoplastic Consultant

6.4 Eligibility: Practitioners must fulfil the requirements of the policy in terms of qualifications and experience and have approval by the Lead Nurse and their line manager before undertaking training.

Practitioners must ensure that all training in development is in line with scope of practice and job description and must submit any application for training to their manager for endorsement.

6.5 The Training will be provided by Oculoplastics consultants alongside the Oculoplastics fellow and the Oculoplastics nurses who are eligible to do the Nurse Led Watery eye Clinic.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 Audits regarding Nurse Led Watery Eye Clinic must be identified

Auditing the practice of the nurse:

A record will be kept of all patients treated by the trained nurse; these records will be audited to determine the effectiveness of the clinic. The Audit will measure the outcome of the accuracy of diagnosis and management in the nurse led watery eye clinic through retrospective evaluation.

In addition, every year 15 sets of patient notes will be picked at random, to be assessed by the Consultant. Following evaluation of the audit results, any suggested changes to practice will be documented and reported at Ophthalmology Board and adjustments in practice made, thus ensuring safe treatment for patients requiring Nurse Led Watery Eye Clinic. The frequency of the audit will be reassessed annually.

Assessment of patient satisfaction and waiting time will be evaluated. Patient satisfaction questionnaires will be utilised as a tool to monitor and adapt practice accordingly. This should help to maintain a positive experience of care by patients and their relatives/carers.

Additionally the nurse should ensure that they have a summary of performance and potential by having an appraisal every year, with line manager as well as a SMART (**S**mart, **M**easurable, **A**greed, **R**ealistic and **T**ime Bound) personal development plan with a 6 monthly review. The nurse must ensure the appropriate action is taken to maintain standards.

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 References

<https://www.guildfordent.co.uk/rhinology/epiphora-watery-eyes/>
https://www.optometrists.co.uk/examinations/Dry_Eye/
<https://www.clinicalondon.co.uk/eye-treatments/watering-eyes-treatment/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6141122/>
<https://www.guildfordent.co.uk/rhinology/epiphora-watery-eyes/>
[https://www.knowledgeanglia.nhs.uk/KMS/GreatYarmouthandWaveney/Home/ClinicalThresholdsPolicy/E-H/Epiphora\(treatmentof\).aspx](https://www.knowledgeanglia.nhs.uk/KMS/GreatYarmouthandWaveney/Home/ClinicalThresholdsPolicy/E-H/Epiphora(treatmentof).aspx)
<http://moorfieldsresearch.org.uk/orntemp/Quality/RGov/Guidelines/Epiphora.htm>
<https://www.londoneyeunit.co.uk/services/watery-eyes/>
<https://www.moorfields-private.co.uk/conditions/watering-eye>

Oculoplastic Nursing Care – John cooper, M&K Publishing 2020

9.2 Policies

UHL Core Training Policy for Statutory, Mandatory and Essential to Job Role Training. B21/2005
UHL Policy for Outpatient Clinic Template Management B4/2013

9.3 Professional Guidelines

NMC (1998) Standards for specialist education and practice
NMC (2015) The Code: Professional standards and behaviour for nurses and midwives

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

10.2 This policy will be reviewed every 5 years by the Senior Nurse in Oculoplastic Department and also the Oculoplastic Lead Consultant and Service Management

10.3 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Percentage of compliance to completion and documentation of Watery Eye Clinic.	Senior Oculoplastic Specialist Nurse	Medical notes	1 year by Oculoplastic Consultant 1 year by Senior Oculoplastic Specialist Nurse	Senior Oculoplastic Specialist Nurse Oculoplastic Consultants
Number of reported incidents per annum of patients that needed Consultant referrals.	Senior Oculoplastic Specialist Nurse	Medical notes	1 year by Oculoplastic Consultant 1 year by Senior Oculoplastic Specialist Nurse	Senior Oculoplastic Specialist Nurse Oculoplastic Consultants
Key performance indicators / audit standards on the Clinic Patient Satisfaction Effectiveness of Assessment	Senior Oculoplastic Specialist Nurse	Medical notes	1 year by Oculoplastic Consultant 1 year by Senior Oculoplastic Specialist Nurse	Senior Oculoplastic Specialist Nurse Oculoplastic Consultants

1. Introduction

This guidance provides a step-by-step assessment for patients requiring Nurse Led Watery Eye Clinic.

2. Scope

Staff that are on a statutory register (e.g. Nursing and Midwifery Council (NMC)) and with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake Nurse Led Nurse Led Watery Eye Clinic.

3. Recommendations, Standards and Procedural Statements

3.1 In the Nurse Led Watery Eye Clinic patients can present only:

- As a direct referral from GP, Opticians, Internal referrals from other ophthalmology specialities.

Patient listed for a Nurse Led Watery Eye Clinic must not fall into the exclusion criteria, namely:

- b) Children under the age of 16
- c) Patients with co-existing ocular comorbidities who require monitoring of their condition in consultant clinics

3.3 On the date and time of the appointment the nurse will assess the patient and the consultation will include:

- Introduction of the clinician to the patient
- Apologise for any delays or excessive hold time if necessary.
- Collect (or confirm) brief demographic information
- visual acuity is to assess on the day
- Obtain PMH including: eye history, past surgeries, allergies, current medications and social history
- Assessment of patient's eye and lacrimal system, including:
 - A. Physical examination (lid positioning, laxity, lumps, punctual size,
 - B. Slit lamp examination (dry eye tests, in growing eyelashes, foreign body, follicles, blepharitis)
 - C. Lacrimal sac wash out
- If there is any cause for concern, the nurse should arrange an appointment for the patient to be seen in Oculoplastic Consultant Clinic

- If there is no cause for concern, arrangements can be made for the patient to be discharged or follow up if is needed
- Document these information within the patient's notes
- A letter, summarising the findings and plan, to be sent to the GP and patient.

*Medic **must be** FRCOphth or MRCOphth: must hold the FRCOphth or equivalent qualifications as recognised by the General Medical Council.

Care Pathway for patients requiring Nurse led watery eye clinic	
No.	Action
1	Collect (or confirm) brief demographic information
2	Check that visual acuity is assessed on the day
3	Introduction of the clinician to the patient
4	Obtain PMH including: eye history, past surgeries, allergies, current medications and social history
5	Assessment of patient eye including: D. Physical examination (lid positioning,laxity,lumps, punctual size, E. Slit lamp examination (dry eye tests, in growing eyelashes,FB,follicles,blepharitis) F. Lacrimal sac wash out
6	If there is any cause for concern, the nurse should arrange an appointment for the patient to be seen in Oculoplastic Consultant Clinic
7	If there is no cause for concern, arrangements can be made for the patient to be discharged or follow up if is needed
8	Document these information within the patient's notes
9	A letter, summarising the consultation, to be sent to the GP and patient

4. Education and Training

See Section 6 of Policy

5. Monitoring and Audit Criteria

See Section 7 of Policy

7. Supporting Documents and Key References

None

8. Key Words

Care Pathway patients Nurse Led Histology Reporting Consultation

Treatment in the Nurse Led requiring Nurse Led Watery Eye Clinic.

1. Introduction

This guidance provides a step-by-step assessment for patients requiring Nurse Led Watery Eye Clinic.

2. Scope

Staffs which are on a statutory register (e.g. Nursing and Midwifery Council (NMC) and with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake the ophthalmic patients and undertake the minor surgical procedures.

3. Recommendations, Standards and Procedural Statements

3.1 During the assessment if the problem is caused by any of these conditions the practioner must treat it appropriately.

Cause	Treatment	Plan
A small scratch to the front of the eye	Occ. Chloramphenicol 1% qds 1/52	Discharge review sos
Foreign body in the eye	Remove Foreign Body Occ.chloramphenicol qds 1/52	Discharge review sos
Conjunctivitis Bacterial	Gutt.Chloramphenicol 0.5% 2 hourly for 2/7 and qds for 1/52 in effected eye. Gutt.Ofloxacin qds 1/52 if previous allergies to Chloramphenicol or contact lens wearer. Swab if unsure.	Leaflet If swab taken f/u with results in any other oculoplastic clinic otherwise Discharge and review sos
Conjunctivitis Viral	Ocular lubricants Cold compresses, painkillers. Swab if unsure.	Leaflet Infection prevention advise If swab taken f/u with results in any other oculoplastic clinic otherwise Discharge and review sos
Allergic Conjunctivitis	Sodium Cromoglycate 2% qds or G.Olopatadine BD	Leaflet Discharge and review sos

	+/- oral antihistamines (OTC)	
In growing Eyelashes	Epilation and ocular lubricants	Discharge Sos review
Dry eyes with minimal cornea involvement	Ocular lubricants	Review 2-3/12 and if stable discharged
Blepharitis	Warm compresses, lid hygiene and massage plus ocular lubricant.	Leaflet and verbal advise Health education regarding food supplement. Occ. Maxitrol bd in severe cases and recurrence. Discharge and review sos
Lacrimal blockage	Inform the patient about need for surgical management	Leaflet and verbal advise Refer to consultant led clinic for further assessment
Lid malposition,laxicity	Entropion- lid taping, ocular lubricants Ectropion-lid massage using lubricants	Leaflet and verbal advise -List for surgery as needed -for patients with moderate to severe Cicatritial ectropion-further assessment in consultant clinic
Punctual stenosis	Inform patient about surgical management	Leaflet and verbal advise List for punctual dilatation, lacrimal washout and insertion of perforated punctual plug

4. Education and Training

See Section 6 of Policy

5. Monitoring and Audit Criteria

See Section 7 of Policy

7. Supporting Documents and Key References

None

8. Key Words

Day of Treatment in the Nurse Led Clinic

Watery eye assessment



SNumber:
Patient Name:

Lid Assessment

Right eye

Normal/Stenosis

Left eye

Normal/Stenosis

Puncta

Punctum Positon

Punctum Size

Lid Positioning

Lid Laxity

MCT

Snap back test

Distraction test

Cheek skin shortage

Lagophthalmos

Bell's Phenomenon

SNumber:
Patient Name:

Ocular Examination

Right eye

Left eye

Sub tarsus

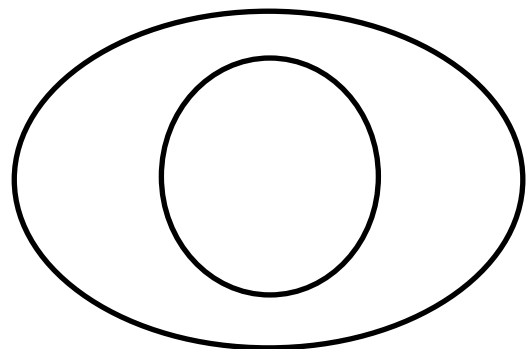
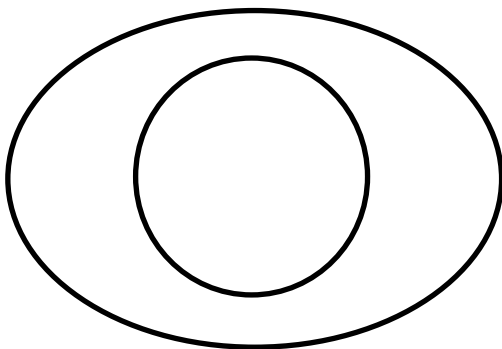
Upper lid

Lower lid

Lid margin

Conjunctiva

Cornea



SNumber:
Patient Name:

Sac Washout

Oxybuprocaine 0.4% drops right eye []
Patent/Not patent
Hard Stop/Soft Stop
Saline throat yes/no
Comments:

left eye []
Patent/Not patent
Hard Stop/Soft Stop
Saline throat yes/no

Impressions:

Management Plan:

Outcome:

Discharge:

Review:

Added to waiting list: yes/no

Procedure:

Consent taken: yes/no

Info leaflet given: yes/no

Sign/Print:

Date:

This line signifies the end of the document

This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
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