

# NURSE CATARACT ASSESSMENT CHECK LIST



## PATIENT INFORMATION

### Key details

NAME  
ADDRESS  
TELEPHONE NUMBER  
HOSPITAL NUMBER/DATE OF BIRTH  
NEXT OF KIN/ EMERGENCY CONTACT  
DRIVING STATUS  
REQUIREMENT FOR INTERPRETER



## GENERAL HEALTH

LIST OF ONGOING MEDICAL CONDITIONS  
CURRENT MEDICATIONS  
ALLERGIES  
PHYSICAL/MOBILITY CHALLENGES FOR SURGERY  
COGNITIVE OR MENTAL HEALTH CHALLENGES FOR SURGERY  
KEY MEASURES – BP, PULSE



## OCULAR CHECKS

NOTE OF CURRENT SPECTACLE R<sub>x</sub>  
CONTACT LENS WEAR STATUS  
VISUAL ACUITY – DISTANCE AND NEAR  
IOP MEASUREMENT  
RAPD CHECK  
DILATION IF SAFE  
CURRENT OR PREVIOUS EYE CONDITIONS  
CURRENT DRY EYE CONDITION OR SYMPTOMS



## BIOMETRY

OPTICAL OR ULTRASOUND INSTRUMENT  
ENSURE ACCURATE TECHNIQUE  
CHECK PATIENT DETAILS  
CORRECT FORMULA USED  
CORRECT REFRACTIVE OUTCOME SELECTED  
REVIEW RELIABILITY OF RESULTS  
CHECK IOL OPTIONS

THIS CHECKLIST WAS PRODUCED BY OPTOMETRY-EVOLUTION IN ASSOCIATION WITH SCOPE OPHTHALMICS. AN IN DEPTH BOOKLET AND ONLINE COURSE ON CATARACT ASSESSMENT IS AVAILABLE FROM OPTOMETRY-EVOLUTION.

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### Key details

- NAME
- ADDRESS
- TELEPHONE NUMBER
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- NEXT OF KIN/ EMERGENCY CONTACT
- DRIVING STATUS
- REQUIREMENT FOR INTERPRETER

## GENERAL HEALTH

- LIST OF ONGOING MEDICAL CONDITIONS
- CURRENT MEDICATIONS
- ALLERGIES
- PHYSICAL/MOBILITY CHALLENGES FOR SURGERY
- COGNITIVE OR MENTAL HEALTH CHALLENGES FOR SURGERY
- KEY MEASURES – BP, PULSE

## OCULAR CHECKS

- NOTE OF CURRENT SPECTACLE PRESCRIPTION
- CONTACT LENS WEAR STATUS
- VISUAL ACUITY – DISTANCE AND NEAR
- IOP MEASUREMENT
- RAPD CHECK
- DILATION IF SAFE
- HISTORY OF CURRENT OR PREVIOUS EYE CONDITIONS
- CURRENT DRY EYE CONDITION OR SYMPTOMS

## BIOMETRY

- OPTICAL OR ULTRASOUND INSTRUMENT
- ENSURE ACCURATE TECHNIQUE
- CHECK PATIENT DETAILS
- CORRECT FORMULA USED
- CORRECT REFRACTIVE OUTCOME SELECTED
- REVIEW RELIABILITY OF RESULTS
- CHECK IOL OPTIONS

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