



Nursing Care Plan

A Client with Glaucoma and Cataracts

Lila Rainey is an 80-year-old widow who lives alone in the house she and her late husband built 50 years ago. She has worn glasses for nearsightedness since she was a young girl and was diagnosed 4 years ago with chronic open-angle glaucoma, for which she takes timolol maleate (Timoptic) 0.5%. Recently she has noticed difficulty reading and watching television despite a new lens prescription. She has stopped driving at night because the glare of oncoming headlights makes it difficult for her to see. Mrs. Rainey's ophthalmologist has told her that she has cataracts but that they do not need to come out until they bother her. Although her glaucoma is still controlled with timolol maleate 0.5%, one drop in each eye twice a day, her intraocular pressure measurements have been gradually increasing. Mrs. Rainey has taken 325 mg of aspirin daily since a TIA 8 years ago. She is being admitted to the outpatient surgery unit for a cataract removal and intraocular lens implant in her right eye.

ASSESSMENT

Mrs. Rainey is admitted to the eye surgery unit by Susan Schafer, RN. In her assessment, Ms. Schafer finds Mrs. Rainey to be alert and oriented, though apprehensive about her upcoming surgery. Assessment findings include BP 134/72, P 86, R 18. Mrs. Rainey's neurologic, respiratory, cardiovascular, and abdominal assessments are essentially normal. Her pupils are round and equal, and react briskly to light and accommodation. Her conjunctivae are pink; sclera and corneas, clear. Using the ophthalmoscope, Ms. Schafer notes that the red reflex in Mrs. Rainey's right eye is diminished. Ophthalmic examination shows visual acuity of 20/150 OD (right eye) and 20/50 OS (left eye) with corrective lenses. Her intraocular pressures are 21 mmHg OD and 17 mmHg OS. On fundoscopic exam, no disease of the blood vessels, retina, macula, or disc is found. Ms. Schafer reviews the operative procedure with Mrs. Rainey, answering her questions and telling her what to expect after surgery. Following preoperative protocols, Mrs. Rainey is prepared and transported to surgery.

DIAGNOSIS

- *Disturbed sensory perception: Visual*, related to myopia and lens extraction
- *Anxiety*, related to anticipated surgery
- *Deficient knowledge*: lack of information regarding postoperative care
- *Impaired home maintenance*, related to activity restrictions and impaired vision

EXPECTED OUTCOMES

- Regain sufficient visual acuity to maintain ADLs, including reading and watching television for enjoyment.
- Demonstrate a reduced level of anxiety.
- Demonstrate the procedure for instilling eye drops postoperatively.

- Demonstrate knowledge of the home care she will require after surgery, signs of complications, and actions to take if complications occur.
- Use appropriate resources to assist with home maintenance until vision stabilizes and activity restrictions are lifted.

PLANNING AND IMPLEMENTATION

Provide a safe environment, placing the call light and personal care items within easy reach.

- Encourage Mrs. Rainey to express her fears about surgery and its potential effect on vision.
- Explain all procedures related to surgery and recovery.
- Instruct her to avoid shutting the eyelids tightly, sneezing, coughing, laughing, bending over, lifting, or straining to have a bowel movement. Teach her to wear glasses during the day and an eye shield at night to prevent injury to the surgical site.
- Explain and demonstrate the procedure for administering eye drops.
- Provide verbal and written instructions about postoperative care, including a schedule of follow-up examinations, potential complications, and actions to take in response.
- Refer Mrs. Rainey to a discharge planner or social worker to help establish a plan for home maintenance.

EVALUATION

Mrs. Rainey is discharged the morning after her surgery. She is visibly relieved when the eye patch is removed because her vision in the operated eye is better than before surgery, even without her glasses. She is able to relate the recommended activity restrictions. Mrs. Rainey administers her own eye drops before discharge and relates an understanding of the prescribed postoperative care and safety precautions. Mrs. Rainey's daughter plans to visit her mother two to three times a week to help with laundry and vacuuming until Mrs. Rainey is able to resume all her household activities. Mrs. Rainey says that she won't "be so scared when I need my other eye done." She understands the chronic nature of her glaucoma and says that her vision is too important for her to neglect her timolol drops and routine eye exams.

Critical Thinking in the Nursing Process

1. Why did it become more difficult to control Mrs. Rainey's intraocular pressure as her cataract matured?
2. Identify medications that are commonly prescribed following cataract surgery. What are the risks of interactions between these medications and Mrs. Rainey's timolol drops?
3. Develop a care plan for the nursing diagnosis, *Self-care deficit: Dressing/grooming*, related to visual impairment and restricted bending.

See Critical Thinking in the Nursing Process in Appendix C.