



DAYBREAK
VISION PROJECT

This document outlines the Daybreak Vision Project High Volume Outreach (HVO) Patient Station Protocols. The intent of these protocols is to standardize each step of the outreach process to maximize safety, limit opportunity for error, and ensure each patient achieves their best possible visual result. The protocol for each of the 10 patient stations are formatted to fit on a single sheet. We hang laminated copies of these protocols at each patient station for the duration of each outreach. Daybreak Vision Project is happy to share these protocols in hopes that they may prove useful to others. Please feel free to reach out with questions or feedback – jwelling@daybreakvisionproject.org.

REGISTRATION

- 1) **Enter patient data** in the Daybreak Surgery Chart. Complete ALL fields, including **consent**. Patient needs to sign BOTH the Daybreak **surgery** consent and the Daybreak **media** consent.
 - a) If the patient **declines** consent for **media**, mark an “X” on their wristband to notify the media team.
- 2) Place pre-numbered **wristband** on the patient, loose enough to avoid discomfort.
- 3) Write the patient **ID number** (found on the wristband) on both the front and back of the patient’s **surgery chart**.
- 4) Instruct patient to KEEP WRISTBAND ON until AFTER post-operative examination and discharge.
- 5) Keep the **consent** forms at the registration desk for filing.
- 6) Place surgical chart in **sheet protector** and **give the chart to the patient**. Instruct the patient to keep their chart with them at all times, until surgery. The charts will be collected in the OR and stored overnight.



BIOMETRY

- 1) Match **wristband ID number** to the patient **chart number**.
Verbally confirm correct **name** and **operative eye(s)** (right, left, or bilateral).
- 2) Optometrist places small piece of **tape over the operative eye(s)** to indicate which eye(s) will be having surgery that day.
- 3) Optometrist or other trained personnel performs **automated keratometry** and records the K's in the patient's chart.
- 4) Optometrist or other trained personnel performs **axial length measurement** and records the As in the patient's chart.
- 5) As and Ks are used to **calculate the correct IOL power**, which is then noted in the chart.



DILATION

- 1) Confirm **wristband ID number, name and operative eye(s)**
- 2) **3 Dilating drops:** 1 DROP of each x 3 ROUNDS (total of 9 drops), 5 minutes apart:
 - a) AUROMIDE (Tropicamide 1%) PINK
 - b) AUROPENT (Cyclopentate 1%) LIGHT BLUE
 - c) AUROMIDE PLUS (Tropicamide with Phenylephrine) RED
- 3) After each ROUND of drops (3 drops) is administered, mark a dot on the plaster over the operative eye(s) being dilated. After all three rounds of drops have been given (9 drops total), the patient will have **3 dots marked on the plaster, documenting complete dilation.**



BLOCKING

- 1) Confirm **wristband ID number, name, and operative eye(s)**
- 2) Give one drop of **Proparacaine**
- 3) Wash the eyelid and skin surrounding the eye with gauze soaked in **ethyl alcohol** or **Betadine**
- 4) Trained personnel administer **retro-bulbar block**.
- 5) Give **one drop of Betadine 5%** directly onto surface of eye
- 6) **Cover closed eye with clean gauze.**
- 7) Apply **tennis ball compress** over the gauze with moderate compression.

*If there are any complications (retrobulbar hemorrhage), **have a surgeon examine the patient** as urgent intervention may be required. Document the complication in the chart



POST-BLOCK

- 1) Confirm **wristband ID number, name, age** and **operative eye(s)**
- 2) **Re-check dilation** of pupils. If not adequate, re-apply drops.
- 3) **Re-check eye mobility**. If not fully immobilized, re-block.

*Adequate **block** and **dilation** are *critical* for safe, efficient surgery.



OPERATING THEATRE

- 1) **BEFORE** the patient is brought into the operating room, confirm **wristband ID number, name, operative eye(s), and IOL power.**
- 2) Assist patient onto operating table.
- 3) Introduce patient to surgeon: **“This is _____ (patient name), the _____(right/left) eye is being implanted with an _____ (IOL power) lens.”**
 - IF THE CALCULATED IOL POWER is not available, tell the surgeon the nearest available powers
 - **Alert the surgeon** if patient is having **bilateral surgery** (both eyes to be operated) or has **monocular status** (the patient has only one eye with visual potential)
- 4) **Open IOL package** and hand off to scrub nurse using **sterile technique**
- 5) Enter the following data on the surgical chart:
 - **Surgeon name**
 - **Type of IOL** implanted (PC or AC)
 - **Eye** operated (OD right, OS left)
 - Place **IOL identification sticker** on the surgical chart.
 - **ASK the surgeon** if there were any **complications**. Document in the surgical chart.
- 6) Place **patch, shield and plaster** (with **surgeon initials** and **surgeon operation number** on patch).



DAY 1 POST-OP PATIENT ORGANIZATION

- 1) An **Post-Op (PO) Advance Team** leaves **1 hour before** the rest of the team to organize and prepare patients for patch removal
- 2) **Surgical charts** are passed out to each patient, confirming the **chart ID** matches the **wristband ID**.
- 3) **All bilateral patients** are seated together on the **front row**.
- 4) All other patients seated in rows, **grouped by surgeon**.
- 5) Provide sufficient **space between rows** to accommodate both medical staff, volunteers, and photographers.
- 6) Position patients out of direct sunlight.



DAY 1 POST-OP PATCH REMOVAL PROTOCOL

- 1) Patches removed by **patient's surgeon**. Each surgeon is followed a team including:
 - **1 local eye care worker** who speaks local language
 - a) **Gently cleans area surrounding eye (NO DIRECT PRESSURE ON EYE)** with:
 - i. **Gauze and saline** to remove bandage adhesive left on skin.
 - ii. **Gauze and Betadine** to help prevent infection
 - b) **Translates for surgeon**. Gives instructions to patient as necessary. **Record notes** as directed by surgeon in the Post-Operative Examination section of the surgical chart.
 - **1 Volunteer** who does the following:
 - a) Give **one drop each** of the following eye drops:
 - i. AUROPRED (GREEN) – steroid
 - ii. AUROFLOX (DARK BLUE) – antibiotic
 - b) **Label eye** with tape if special situations arise: **“WO”** = washout needed; **“SLE”** = Slit Lamp Exam needed; **“IOP”** = intraocular pressure needed; **“INT”** = Interview candidate.



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**** 4 Post-op Boxes Needed** (one for each surgeon team) should be prepared the day before.

1) Cut gauze pads (2x2 squares) 2) Saline 3) Betadine 4) Post-op drops AURO 5) PRED and AUROFLOX 6) Plaster 7) Sharpies 8) Gloves

POST-OP VISUAL ACUITY

- 1) Perform **post-operative visual acuity** testing and enter data on the **surgical chart** using the following notation (worst to best)
 - **NPL** (no perception of light)
 - **PL** (perception of light)
 - **HM** (hand motion)
 - **Counting fingers** at 1-meter increments up to 5 meters (CF5M, CF4M, CF3M, CF2M, CF1M)
 - **Tumbling E chart** (6/60, 6/36, 6/24, 6/18, 6/12, 6/9, 6/6)
- 2) **Start at the 6/60 line.** If the patient can read it, then work down the tumbling E chart. If they can't read the 6/60 line, then start counting fingers, walking closer as necessary.
- 3) Have the patient **read only the first two letters** of each row. If they get two right, keep moving down the chart until they start missing letters. **Then test the entire row.** If they can read **at least half the letters on the row**, then they earn that line.



POST-OP COUNSELING

- 1) After visual acuity testing, **gather patients in small groups** (around 10 patients who speak the same language) for post-op counseling.
- 2) In the patient's **primary language**, review the post-operative instructions and answer any questions.
- 3) Provide **written post-op instructions** (in the patient's **primary language**) including:
 - i. Post-op precautions
 - ii. Eye drop schedule
 - iii. Date and time for follow-up appointment
- 4) Dispense **post-operative drops** (auroflox 0.3% and auropred 0.5%) to each patient, for home use.

