

Core Syllabus for OJI Promise (POCO)

Oji, Promise Chukwuma

BSC Applied Microbiology and Brewing, Dazzle Furniture Limited, ojipromise@gmail.com

Orientation The first day I was introduced to this hospital, I was taken around the hospital compound and the inside of the hospital by the Director of the hospital (Prof. E.O Oji). In the process of the hospital round, I was made to understand and confirm that there were major departments in the hospital by the director. These departments are as followed

- ❖ THE OPD DEPARTMENT (OUT PATIENTS DEPARTMENT)
- ❖ THE IPD DEPARTMENT(IN PATIENTS DEPARTMENT)
- ❖ THE HOSPITAL COMPOUND

1. OPD DEPARTMENT: The OPD Department also fully known as *out patients department* is located in the right wing of the hospital, the OPD been the very major and busy department, inside it has other departments, which is as followed

- ❖ The Reception
- ❖ The OPD Lounge
- ❖ The Nursing station
- ❖ The Consulting Room
- ❖ The Pharmacy
- ❖ The OPD Toilet
- ❖ The Dilating Room
- ❖ The V.A (Visual Acuity) Unit
- ❖ The IT (Information Technology) Room
- ❖ The Theatre Suite (Comprising the Scrub Room, Changing Unit and the Theatre).

2. THE IPD DEPARTMENT: This department fully known as *in patients department* is located in the left wing of the hospital and inside it comprises other departments inside it. These are as followed:

- ❖ Female's ward
- ❖ Female's Toilet ,used also for Height and Weight Test
- ❖ Female's changing porch and Wardrobe
- ❖ Private ward
- ❖ Male's ward
- ❖ Nursing station
- ❖ Male's Toilet
- ❖ Linen Room
- ❖ Scrub room/file room
- ❖ IPD Lounge
- ❖ IPD Post OP Examination unit/library department

3. THE HOSPITAL COMPUND: The hospital compound has strategic flowering units that make the hospital look fine and neat. There are also some units that can be cited in the compound like the nursing quarters which are located at both ends of the hospital, the security rooms also located at the back

of the hospital and in front at the hospital's gate. There is also the dog's house located in front of the gate.

In front of the hospital is been located the **Incinerator** for disposal of dry/burnable materials.

The electricity and water supply to the hospital is been passed through underground from the Directors house nearby to the hospital, these places been dug through the road and through the hospitals compound for passage of electric wires and water pipes are been marked out and protected against breakage. Every staff in the hospital should know or knows about this.

CONCLUSION:

All the departments mentioned above has it's purpose of been there and has one or two staff that sees after each department and functionality. Also most of the departments are well furnished for effectiveness.

In all the departments were created for the proper functioning of the hospital, therefore none of departments should be neglected or abandoned

EMERGENCY CARE

In an eye hospital such as Ngene St. Luke's International Eye Hospital, there are some eye cases that need immediate or urgent attention to arrest the situation before it gets worse.

In this case we see such situations as emergency care, which in further explanatory at it is seen as an "unexpected and dangerous eye situations that must be dealt with immediately.

There are some references that further explain some of these emergencies care. These are as followed:

I. CASE 1

MISS KANU AKUDO (SEEN- 24/05/10)

Miss Kanu came into the hospital with her left eye very reddish, tearing and with droopy lids, resulting to almost closing of the eye.

Miss Kanu and the guardian on a chat with the sister, I learnt she had the left eye been pierced with the broom. This could be regarded as **Traumatic**. Also her visual acuity showed that she was unable to see with that eye due to the **Trauma**.

DOCTOR'S REPORT:

- On seeing the doctor she complained of serious pain in the eye, tearing of the eye, and noticing discharges in that eye. She also made mention of having headache and body fever due to the trauma.

DOCTOR'S DIAGNOSIS:

- After a very detailed examination by the doctor, he made out his findings as:

- Traumatic Cataracts
- Superlative keratitis
- Uveitis
- Keratitis
- Ciliary injection

With these findings, it is very clear that the said broom has gone beyond the conea and gone through the lens to the ciliary, causing traumatic cataracts and ciliary injection. Also in front of the cornea and conjunctiva, it has resulted to keratitis and uveitis, this has made the eye reddish with discharges.

- TREATMENT- R

After the diagnosis there were some recommended medication by the doctor, which is listed as followed:

- ❖ **Gut Chloremphenicol:** This was to be taking as eye drops every two hourly. It was to prevent the eye against infection.
- ❖ **Tetracycline Ointment:** This was to taken or applied to the eye twice (b.d) daily. This was to keep the eye moist against dryness, also to prevent infection and quicken the healing.
- ❖ **Codein Phosphate:** This was to be taken 4hrly, to reduce or kill any pain resulting from the trauma.

- DOCTOR'S ADVICE:

She was advised to adhere to all the treatment given to her and not allow another hit on that eye in order to quicken the healing and recovery. The doctor made her to understand that if she did all that, in less than one month she will recover from most pains and discharges, before any other step can be taken in order to recover the eye to its farmer state.

II. CASE 2

MRS NNEJI ANGELA -50YRS (SEEN-28/11/12)

Mrs. NNEJI ANGELA visited the hospital on the 28th Nov. 2012. When she came in to book for consultation in the booking unit of the hospital, I found out that MRS. NNEJI had reddish eyes and some discharges coming out from the eyes.

During her booking and primary examination (**Biometrics**), I also noticed that she had blurred vision especially in the left eye, this was been manifested by the use of our visual acuity chat.

Although the blurred vision wasn't much, but because of her age and a small history of her eyes, it was clearly known to me that it was an emergency case.

DOCTOR'S REPORT:

During her consultation with the Doctor, she explained her eye problems which she made mention of, **Itching, Reddness, Discahrges and Blured Visions.**

N.B: She was also hypertensive and was on medication for it, but it wasn't been controlled very well when her vital signs was checked.

DOCTORS DIAGNOSIS

On proper examination by the Doctor, using a well equipped gadgets like the, **SLIT LAMP AND APPLANATION TONOMETER** (used in checking eye pressure)..

The following were observed:

- ❖ NO LP. Left
- ❖ c/d (cup disc) 0.5
- ❖ C.S Glaucoma
- ❖ Rt. Drainage oh
- ❖ Lt. Drainage observed.
- ❖ Early Cataracts L > R
- ❖ Quiet ACs.

With the conclusion of these findings, it was noted that the major eye problem she had was **C.S Glaucoma** which was measured at **Lt. 50 and Rt. 30 (normal should be between 10-20)**. This was what coursed her redness, blurred vision and maybe the discharges.

Other eye complaints were not as severe as the **C.S Glaucoma**, although they were properly attended to by the Doctor.

- TREATMENT- R

The Doctor recommended some medication to her after the proper examination and diagnosis, this was as followed:

- ❖ **Gut Pilocarpine 4%:** This was to be administered 4hourly each day. This was to constrict the pupils and help to reduce the high ocular pressures.
- ❖ **Gut Timolol 0.5:** This was to be applied Twice daily (b.d). It is also to help in reduction of high ocular pressure.
- ❖ **Diamox (Acetazolamide tabs) 250mg:** This one is in form of tablet. It was to be administered **Once daily (o.d)**. This was to make the patient to pass away more water (**urine**) in which will help in the reduction of ocular hypertension.

- DOCTOR'S ADVICE

She was advised to get all the drugs prescribed to her and also adhere strictly in the application of the drugs. She was also made to know that all the drugs was very important and none can be left below.

N.B: Glaucoma refers to a group of eye disorders that usually have few or no initial symptoms and eventually cause harm to the optic nerve that carries the information from the eye to the brain.

In most cases, Glaucoma is associated with higher than-normal pressure inside the eye (ocular hypertension).` if untreated or uncontrolled, glaucoma first cause peripheral vision loss act eventually can lead to blindness.

III. CASE 3

MR EZETOHA MARCEL 45 YRS (SEEN- 29/11/2012)

Mr. Ezetoha visited the hospital on the 29th Nov. 2012 with his Right eye very reddish, swollen eye lids, tearing, discharges and droopy eye lids.

During his booking and primary examinations (Biometrics) by the Nurses for consultation with the Doctor, I found out that

Mr. Ezetoha was unable to see with the Right eye, he was only able to notice the (LP) light perception.

When on a little chat with Mr. Ezetoha, he told me he had a hit at the right eye, which may have caused all these symptoms.

DOCTOR'S REPORT

When Mr. Ezetoha was finally handed over to Doctor for proper consultation and diagnosis. Mr. Ezetoha explained his eyes worries which included, pains in the right eye, unable to see with the right eye, Headache etc. all these were caused by the hit he got on the right eye on the 16th Nov, 2012 as he explained to the Doctor and according to him, it was his first trauma on the eye.

DOCTOR'S DIAGNOSIS

On paper and comprehensive examination by the Doctor on Mr. Ezetoha's eyes, the following were observed;

- ❖ Rt. Traumatic conjunctivitis.
- ❖ Rt. Striate keratitis
- ❖ Rt. Traumatic cataracts
- ❖ Rt. Vitreous haze
- ❖ Haze Retinal View Rt.
- ❖ IOP (intra-ocular-pressure) Reading 18.

After getting all these diagnosis and findings, it was finally concluded that Mr. Ezetoha had a Rt. eye trauma which has lead to its poor vision, and also the trauma resulted to an early Rt. eye cataracts.

The Lt. eye wasn't affected and was in good condition also the IOP was normal at (13)

TREATMENT

The Doctor recommended some medications for Mr. Ezetoha, in which he was meant to adhere strictly to quicken the healing of the Rt. eye. These includes;

- ❖ GUT MAXIDEX (Tid) Rt:- To be administered thrice daily, this was to make the eye to change from it's current state of redness to its natural colour and also quicken the healing.
- ❖ Gut Tropicamide% (b.d):- It was to be applied thrice daily. This was to help in the dilatation of the pupil which will keep the pupil in a static form in order to quicken the healing of the eye.
- ❖ OC. Fulcithalamic (b.d):- It was to be applied thrice daily. This medication was to help to fight any infection which may have attached with the trauma or will come afterwards.
- ❖ Tabs Codeine Phosphate (4hrly):- This was to be taken/ every 4hourly with pain, starting from the hospital. This was to help ease any pain or headache which the trauma must have caused.

DOCTOR'S ADVICE:-

The Doctor told him to adhere strictly to all his medication and treatment, as this will help in the quick recovery of the eye in a short period of time.

CONCLUSION ON THE EMERGENCY CARE:

With the few cases mentioned above, it was well noted that all the cases needed an urgent care and attention, the more urgency and attention we give each case the better and safer way to recover the eye if possible.

Here in ST. LUKE'S INT. EYE HOSPITAL all these emergency cases are been given a first hand attention; in this situation, it is not to interfere or jump the queue of patients that have been waiting or have come before the emergency case, it is done in a gentle way in order not to erupt or course any chaos in the hospital by the patients.

When we see any emergency case, the first thing we do is to welcome the patient gently, have a quick calm chat with the patient and finally have a quick assessment of the affected eye. All these are done by the nurse in charge at the moment, before the Doctor can be alerted afterwards for proper assessment and diagnosis.

All these care will help make the patient involved to be more relaxed, kill any anxieties and be rest assured that he/she will be managed and attended to well.

N.B: The after care of the emergency case is very highly important, because at this point the patient plays a big role. Most times the patient doesn't do their own part well to enhance their eye healing, and this could be in the case of; Medication neglect, unable to renew their medication, not adhering strictly with the instructions etc.

In order to avert the problem of aftercare inadequacies, a very serious and proper emphasis is been made to the patient on the mode of application of his/her medication and after care.

OUT PATIENT PROCEDURES:

In ST LUKE'S INT EYE HOSPITAL, there are procedures or order in which we do follow in admitting patients for consultation and these procedures helps in proper assessment of each patient before he/she can be able to see the Doctor for proper consultation, non of the procedure can be by-passed, because all the procedures work jointly to give a proper assessment of the patient.

N.B:- All these procedures can be referred to as Hospital "BIOMETRIES:-

These procedures are as followed.

- ❖ OUT PATIENT REGISTER
- ❖ ISSUEANCE OF HOSPITAL ADMISSION CARD & OPENING OF FOLDER
- ❖ BLOOD PRESSURE/PULSE CHECK
- ❖ VISUAL ACUITY CHECK.

-OUT PATIENT REGISTER:-

Here in NGENE ST. LUKE'S INT. EYE HOSPITAL an out patient register is been provided for the patients that are coming in for consultation and this register is kept at the out patient lounge or Hall.

In this process each patient that comes in to the hospital, goes first to the hospital register and puts down his/her name and then wait till it reaches his/her turn before been attended to.

ISSUEANCE OF HOSPITAL ADMISSION CARD/OPENING OF PATINTS FOLDER:-

Before any patient can be recognized or admitted in NGENE ST. LUKE'S INT. EYE HOSPITAL he/she must have

purchased what we refer to as HOSPITAL ADMISSION CARD, without this card, the patient cannot be admitted for consultation by the Doctor.

In this process, when a patient is called by the nurses in the clerking or admission room, following the sequence of the Out Patient Register, the first thing a patient is asked for by the Nurse-in charge is for his/her Hospital card. If the patient doesn't have any card. He/she has to purchase the card or if he/she has one already, the folder has to be fished out of the folder boxes.

In the issuing of Hospital card a specific amount is paid for the card, by the patient and some information is also needed from the patient in order to get a proper information about the patient and also fill in the card blank spaces.

After the card has been issued to the patient, a folder is also opened for him/her in which a detailed and comprehensive information is noted down in the folder. Also the patients information is put inside the computer for safe recovery.

N:B HOSPITAL CARDS ARE BEEN RENEWED EVERY 1 YEAR PERIOD

BLOOD PRESSURE/ PULSE CHECK

During the process of clerking and getting information from the patient in order to fill in the folder, a vital sign is conducted, and this is known as. Blood Pressure and pulse Check

In this process a machine called SPHIGNOMANOMETER. is used in checking the patients blood pressure /pulse, this is to determine the height /range of the patient blood pressure /pulse and this will go a long way in helping the consultant during consultation.

After the check, result is noted in the patients folder and moved over to the next level of assesment.

VISUAL ACCUTY CHECK

This process follows suite after opening of folder and recording of vital signs.

In this process, the patient is examined on his/her ability to see or the extent he/she will be able to see at the point of visit in the hospital, this is done with a specific chart and a distance been recognized world wide as a way of checking the vision of a person. The chart used in doing this is referred to as "Snellings Visual Acuity chart" and the standard way of checking a persons visions using the Snellings Chart. Is by making the person to stay at 20ft (6M) and read what he/she sees in the chart. The person can be scored as e.g 6/6 (this means that the patient can see at 6 meters what a normal person can see at 6meters), 6/60

(Means that the patient can see at 6meters what a normal person can see at 60meters) etc.

Most times there are other ways in which we use in checking patients vision.

- I. Hand movement (HM) or counting fingers (c f)
- II. Light perception(L P)
- III. Illiterate chart(E.chart)
- IV. Children's chart

- ❖ **HAND MOVEMENT (HM)** → this is done when the patient is unable to read the snelling's chart or the E-chart, because of the poor state of the vision. We can adapt this

procedure in order to ascertain the current nature of the vision.

- ❖ **LIGHT PERCEPTION (LP)** → this is done when the patient is unable to read the charts and see the hand movement or counting fingers this is when light perception can be adapted.
- ❖ **ILLITRATE CHART (E-CHART)**- This is used, if the patient is unable to read anything because of illiteracy, we can use the e chart to determine the extent of the vision.
- ❖ **CHILDREN'S CHART** → This is used mainly for children of tender age that are not able to read or write. In this chart the child is meant to notify different drawing or figure in a chart or even point at them.

N.B → There are also signs or methods attached to it, like; S- mean that he/she can read the snelling's chart without any glasses, C- means that the person read the snelling's chart with glasses.

This process is probably the last thing a patient goes through before he/she can be forwarded to the doctor for proper consultation.

IN-PATIENT CARE:

In patient can be referred to as those patient admitted in the hospital (theatre suite) after surgery or patient admitted to be monitored over a long period of time.

In NGENE ST LUKE'S INT EYE HOSPITAL, there are ways or procedures in which these admitted patients are being taken care of for the period of their admission

These in-patient care procedures are as followed:

- ❖ Monitor of patients vital signs
- ❖ How to instruct the patients on how to use hospital facilities.
- ❖ How to undertake a simple and complex investigation on the drugs/medication patients are on before surgery.

1) MONITOR OF PATIENTS VITAL SIGNS

In this procedure, the Nurse on duty, takes care or monitors the in-patients vital signs, and to achieve that, there are some equipments made to help in monitoring a patients vital signs, they include; sphygmomanometer, thermometer, etc.

- **Sphygmomanometer:** This is used in checking or monitoring the patient's blood pressure and pulse range. It can be done at different hour interval depending on the patient's blood pressure range while in admission in the hospital. Sphygmomanometer we use here in NGENE ST. LUKE'S INT. EYE HOSPITALS recently is the automatic sphygmomanometer it reads the patients blood pressure range and pulse at the same time. Although in the past we have made use of the manual sphygmomanometer in checking the patients vital signs, but we found out the most recently made sphygmomanometer, which is the automatic gives more accurate reading than the manual.
- **Thermometer:** This is used in checking the patient's temperature at different hour interval, to know how the patient's temperature runs while in admission in the hospital. This can be done by putting the thermometer at the patients

armpit which is the most suitable place to take the temperature reading, it is left for some time after which, it is removed and the reading taken.

There are other equipments that can be used in checking/monitoring patient's vital signs, but the two listed above are the ones we make use of in NGENE ST. LUKE'S INT EYE HOSPITAL and it is the important ones.

2) HOW TO INSTRUCT THE PATIENTS ON HOW TO USE HOSPITAL FACILITIES

In NGENE ST. LUKE'S INT EYE HOSPITAL there are important areas of facilities in the admission ward that we consider while patients are admitted in ward. Few are:

- ❖ How to use the electricity
 - ❖ How to use the bathroom/toilet
 - ❖ How to use the beds and the cupboards
- How to use the electricity:
Before a patient is admitted in the ward, the patient is been taking for a ward round, in this process, the patient is shown the electrical appliances in his / her room/ward before any admission, like the light switches or the sockets; they are shown how to on/off the light switches without any dirt on the wall and also how to use the sockets if they want to plug anything that won't be of any danger to hospital power source or the hospital. The patient is advised too, to switch off any lighting switches or sockets when there is power outage (NEPA in Nigeria).
 - How to use the bathroom/toilet:
During a ward round with the patients, the patient is shown the bathroom/toilet, how to flush the toilet after each usage to avoid any bad odor in the hospital, he/she is also shown the wash hand basin and the tap. More importantly there are little steps inside the hospital the patient is advised to avoid in order not to trip and fall while heading into the bathroom/toilet.
 - How to use the beds and cupboards:
The patient is shown his/her bed and cupboard during ward round, he/she is advised to use the bed and cupboard adequately in order to avoid any damage and also not to store easily spoilt food in the cupboards.

N:B During the ward round with the patients before admission in the ward. There is an exception for those that will have a surgery; this means that the patient must have a helper which will see him/her through while in admission. In this case the helper joins in the ward round too, in order to guide the patient after surgery.

- ❖ How to undertake a simple and complex investigation on the drugs/medication patients are on before surgery

This case, before any surgery or before a patient is booked for surgery, the patient passes through a series of tests which can also be referred as **BIOMETRY**. During this procedure the doctor must have confirmed most medications the patient is on and advised him/her on how to go about the medication before surgery.

Most times the patients tend to hide or fail to mention all the medications in which they adhere to before coming to be booked for surgery. Here is when the nurse in-charge takes over,

during advice and other biometry tests by the nurse, the patient is made to understand the dangers of any counter drug reaction, if there is any medication he/she fails to mention. In this stage it instills some fear in the patient and he/she tends to assess or remember if there is any he/she is forgetting to mention.

In few cases, when the patient fails to remember, due to age or may act in a worrying way, the nurse may ask the guardian or any of his/her helper, if that fails, they can be booked for another date for consultation with the nurse or doctor as the case may be.

N:B In NGENE ST. LUKE'S INT. EYE HOSPITAL we don't rush into surgery if we are not clear with the patients medical history, this enables us to achieve the maximum of what we intend to achieve.

-PRE-OPERATIVE CARE OF PATIENTS:-

There are procedures taken before any surgery is done on any patient, in NGENE ST. LUKE'S INT EYE HOSPITAL in which helps to relax the mind of the patients before the surgery. As in any case anxiety does not help during Eye surgery at NGENE ST. LUKE'S INT. EYE HOSPITAL. These procedures can be listed as followed.

- ❖ Welcoming of patients on the day of surgery
- ❖ A little chart with the patient
- ❖ Checking of vital signs of the patient before the surgery

1) Welcoming of patients on the day of surgery.

In this case most times the patients that come in for surgery are full of anxiety, with their mind full of fear of the unknown. In this situation the nurse in charge takes the first step in welcoming the patient in the OPD, making them feel at home, most times with some smile at the face and may be crack a little joke in which gives the patient a little relieve of any anxiety.

The nurse also helps the patient with his or her bags and leads the patient to the ward, shows him/her the ward to stay and have a little ward round again to clarify the patient appropriately on how to stay in the ward. Finally the patient is lead back to the OPD for other pre-operative care.

2) A little chart with the patient:

During this process, the patient must have had a little relieve and relaxation. The nurse in charge seats down with the patient and have a little chart with him/her. The nurse makes the patient believe that surgery will be easy and fast, tells the patient the good and bad things about surgery in a humanly manner.

The nurse also explains the procedure to be taken before the surgery is like: the dilation and the purpose for it, Anesthetic drops and purpose for it etc. the nurse also assures the patient of our devoted attitude in attaining the best standard.

3) Checking of vital signs of the patient before the surgery

The patient vital signs are taken after the chat and before dilation to ascertain the blood pressure/pulse range. This helps us to make a firm decision on how the surgery proceeds. The doctor is alerted on the Bp check if there is any abnormal reading and he takes a final decision on how to proceed and also advice on how dilation drops to use on the patient.

This stage of pre-operative care does not only apply to the nurse on duty or nurse in charge, but applies to every staff in the hospital, because it goes a long way to make the patient feel at home and relaxed before the surgery.

-OPERATIVE CARE:-

In this procedure of operative care, there are things to know on the surgery day. Some of these operative care can be listed as followed:

- ❖ Knowing the number of patients to be operated and their details
- ❖ How to attend to patients before or during surgery
- ❖ How to interpret a patients vital signs (e.g Bp/pulse)
- ❖ How to attend to patients after surgery.

1) Knowing the number of patients to be operated and their details:

In this case it is important that the nurse is able to know or memorize the names, ID numbers, age, details of pre-operative care etc. of the patients that came for surgery. This is important because the nurse acts as an eye for the doctor before the surgery. So any misinformation about a patient pre-operative detail may be disastrous, it is supposed that the nurse goes specifically on each patient pre-operative detail with adequate attention and confirmation from the doctor if necessary to avoid any misinformation that can be of danger.

2) How to attend to patients before or during surgery

In this procedure we can refer to the PRE-OPERATIVE CARE OF PATIENTS IN PAGE ABOVE. It is explains the details on how a patient is made to relieve anxiety and relax before surgery, also other details is specified too.

3) How to interpret a patients vital signs

It is very important to know when a patients vital signs (Bp/pulse) is high, low or normal, before surgery, this goes a long way in making a firm decision on how the surgery is to proceed. In determining the vital sign, there are ranges in which we can use to ascertain the level of the vital sign, there are ranges in which we can use to ascertain the level of the vital sign (Bp/pulse) and also it is recognized in the whole world. They are
For women =130-140/60-70mmHg
For men = 135-145/70-80mmHg

4) How to attend to patients after surgery:

After surgery the patient is been lead out of the theater gently with a clear guide to avoid any trip and fall on the pathway. The nurse will gently seat the patient down and remove all the theater clothing worn on the patient before the surgery. The patient is made to relax again, before the doctor comes for post-operative details and advice to the patient.

Operative care is done with uttermost attention and detailed advice. There shouldn't be any misinformation during this procedure as any mistake will be fatal and dangerous. So in that case there shouldn't be any error in this procedure at all.

-CARE OF CHILDREN AND YOUNG PEOPLE -

In NGENE ST. LUKE'S INT. EYE HOSPITAL we give uttermost priority to children and young ones. During each clinic,

we ascertain the variety of patients that came for consultation first before proceeding for consultation.

Although there is a sequential pattern of seeing the patients and discharging them, we first and foremost in a quiet and orderly manner single out the little ones out from the crowd to attend to them first.

The reason for this is that most children cannot withstand, been in the crowd, staying at a place for long time or withstand hunger, by moving them fast for consultation, they can be discharged quickly to avoid other unnecessary children problems.

For little babies, during consultation they are also gently pampered to help the doctor examine them appropriately like: during the eye examination they are wrapped appropriately with a blanket with the parent securing the arms and the legs to avoid any kick or poking by the child, although they may be crying, but the important thing will be done as fast the doctor can. After the examination the child can be issued sweet or biscuit to stop him/her crying.

Also during dilation the child does not stay with the crowd in the dilating room, he/she will be carried around the hospital premises by the parent while the nurse dilates at interval, it makes the child feel secured.

This procedure makes the children feel at home and also gives the parent or guardian assurance of what we are doing to his/her ward.

-CARE OF ADULTS AND ELDERLY PEOPLE:-

In this procedure, just like the care of children every elderly patients are given same attention as the children.

We give same attention we give the children to the very elderly ones.

Some of the elderly patients may come in wheel chair, they will be gently and in a quiet way singled out for early consultation to avoid any additional care.

There are some adults that have problems with their general health; it is good the nurse in the lounge pays close attention to the patient, to see if there is any to move quickly for consultation and discharge. Also some elderly ones may not be able to stay with the crowd; they are also given priority too.

This is a humanly procedures that gives this types of patients assurance of our professionalism at the NGENE ST. LUKE'S INT. EYE HOSPITAL.

-CARE OF PATIENTS WITH REDUCED VISION:-

There are patients with impaired or very reduced vision, in this case, the nurse pays close attention to these ones, especially them been in a new environment, they will want to help themselves feeling they can manage. We don't allow it, instead they are gradually lead by the nurse with adequate guide on the footing to different parts if the hospital during their consultation.

Also during visual acuity they are allowed the privacy to avoid them feeling inferior or embarrassed. The nurse makes sure they are appropriately lead well until they are discharged.

-USE OF ELECTRICALS

In NGENE ST. LUKE'S INT. EYE HOSPITAL, there are different sections at light appliances, switches and sockets.

The handling of electrical is a very much of importance, because most of our work and everyday day to day activities depends on them.

At this section the nurse on duty or the nurse in charge makes sure that all the appliances, switches and sockets are switched off after the days work to avoid any electrical problem or misuse.

All the appliances at NGENE ST. LUKE'S INT. EYE HOSPITAL are handled with uttermost care, some of these appliances are as followed.

- ❖ Slit lamps – (for eye examinations)
- ❖ Auto refractor – (for glass prescription)
- ❖ F D T (Frequently Doubling Technology) - (for eye field check)
- ❖ Desk top/ lap top computers (for hospital clerking)

All these appliances, switches, sockets should be a past of all the staff and personnels to take care of by the nurse in charge or nurse on duty.

Any damage of any appliance is reported to the appropriate authority to repair or replace for the hospital efficiency.

AUTHORS

First Author – Oji, Promise Chukwuma; BSC Applied Microbiology and Brewing, Dazzle Furniture Limited, ojipromise@gmail.com

Correspondence Author – Oji, Promise Chukwuma, ojipromise@gmail.com, N/A, +234 8068356706.