Management of a patient with acute angle closure glaucoma:
Part 2 - Nursing care

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ABSTRACT
This article is part two of a two-part case study examining the nursing care of a patient (Mr J) diagnosed with acute angle closure glaucoma. The Roper-Logan-Tierney model of nursing is utilised to plan Mr J’s in-patient care. As part of his holistic assessment, Mr J’s beliefs in his own health and illness were explored in order to identify any deficits in his knowledge that might prevent him from taking an active part in his disease management. The role of the glaucoma nurse in this case is seen as pivotal in the clinical management of Mr J.

The first article published in this issue examined the patient’s presenting signs and symptoms and this was related to normal and abnormal anatomy and physiology. It discussed the ocular slit lamp findings in the context of angle closure glaucoma. It also examined the immediate and subsequent medical intervention utilising relevant research findings.

Key words: Acute glaucoma, Roper-Logan-Tierney model of nursing, adherence, advanced nursing practice.


Summary of case study

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Mr J is a 67 year old hypermetropic gentleman who was referred by his GP with a three day history of an acute, painful left eye and blurring of vision. A diagnosis of left acute angle closure glaucoma was made.

An individualised medical plan was put into action. Immediate medical treatment of a stat dose of intravenous and oral acetazolamide 500mgs was instigated. He was admitted and commenced on guttae prednisolone forte and pilocarpine 4% four times a day to his left eye. Due to Mr J's asthmatic status, topical beta-blockers were avoided and guttae Iopidine prescribed instead. The next day, the IOP in his left eye was reduced to 10mmHg. As his left cornea was still oedematus, he underwent an uneventful right YAG peripheral iridotomy before he was discharged. He attended as an outpatient two days later to undergo a left YAG peripheral iridotomy. His discharge topical medications included prednisolone four times a day to both eyes, Iopidine and pilocarpine three times a day to his left eye only. He was also prescribed acetazolamide tablets 250mgs three times a day for three days.

Mr J’s nursing care on the ward was based on the Roper-Logan-Tierney model for nursing (Roper et al 1996). Since the pivotal concept of the model is described in the Activities of Living, this provides the framework for the assessment, planning, implementing and evaluation of Mr J’s care.

Mr J was subsequently discharged five months later with no adverse damage to his eyes.

AN INDIVIDUALISED NURSING PLAN FOR MR J AT ADMISSION
Mr J was admitted to the ward as an emergency admission. Mr J’s care on the ward was based on the Roper-Logan-Tierney model for nursing (Roper et al 1996). This model of nursing is based on a model of living. Tierney (1998) remarked that the rationale for linking ‘nursing’ with ‘living’ reflected the growing awareness that people’s health and ill-health are inextricably linked with their lifestyle and, further, that people’s need for nursing is usually short-lived and, therefore, minimal disruption should be a goal of nursing. The pivotal concept is described in terms of the Activities of Living, this being the device for conceptualising the complex process of living. Patients’ problems with the activities of living can be seen as both actual or potential, thus enabling the model to place as much emphasis on prevention and health promotion as on helping patients with existing problems. Thus, nursing is defined by this model in terms of ‘helping people to prevent, alleviate, solve or cope with problems (actual or potential) related to activities of living’ (Roper et al 1996).

Using activities of living as a framework helps the nurse to assist the patient with maintaining a safe environment (risk assessment), communication (visual acuity, hearing, speech, language), nutrition, mobility, personal cleansing and dressing, controlling body temperature, working and playing, expressing sexuality, eliminating, sleeping and dying. The factors influencing activities of living are biological, psychological, sociocultural, environmental and politicoeconomic. Altogether the framework takes full account of the circumstances and individuality of patients/clients. The Roper-Logan-Tierney model thus provided a framework for the assessment, planning, implementing and evaluation of Mr J’s individualised care.