



PROCEDURE CHECKLIST

Slit lamp examination

Systematic magnified examination of the eyelids, conjunctiva, cornea, anterior chamber, iris and lens using a slit lamp biomicroscope, with fluorescein staining.



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Patient reference

Date

Time

Completed by

Equipment ready

- ☐ Slit lamp with working bulb, cleaned chin and forehead rests
- ☐ Fluorescein strips or single-use drops
- ☐ Topical anaesthetic drops (e.g. tetracaine or oxybuprocaine), single-use
- ☐ Sterile saline for moistening strips and irrigation
- ☐ Cotton buds for lid eversion
- ☐ Visual acuity chart and pinhole
- ☐ Tonometer if available and trained
- ☐ Alcohol wipes

Before · Preparation

- ☐ Take a focused history: mechanism, foreign body, high-velocity injury (e.g. hammering or grinding), chemicals, contact lens use, pain, photophobia
- ☐ **For chemical injury, irrigate first and check the pH before any detailed examination**
EMOD-CP-86.
- ☐ Record visual acuity in each eye, with pinhole if reduced
- ☐ Check pupils before instilling drops
- ☐ Clean the chin rest and forehead band
- ☐ Explain the examination and obtain consent; ask about contact lenses and remove them
- ☐ Instil topical anaesthetic if pain prevents examination

Before · Setting up the slit lamp

- ☐ Adjust the table and chair heights so both you and the patient are comfortable
- ☐ Ask the patient to place the chin on the chin rest and forehead against the band
- ☐ Adjust the chin rest so the patient's lateral canthus is level with the marker on the frame
- ☐ Set the eyepieces to your refraction and adjust the interpupillary distance
- ☐ Start at low magnification with a wide beam and low light intensity

During · Systematic front-to-back examination

- ☐ Lids and lashes
- ☐ Conjunctiva
- ☐ Evert the upper lid to look for a subtarsal foreign body
- ☐ **Do not evert the lid or press on the globe if an open globe is suspected**
- ☐ Cornea with white light and a narrow slit beam
- ☐ Instil fluorescein and examine with the cobalt blue filter
- ☐ Perform a Seidel test over any suspected full-thickness wound
- ☐ **If the Seidel test is positive or an open globe is suspected, stop the examination, apply a rigid eye shield (no pad) and refer immediately to ophthalmology**
- ☐ Anterior chamber depth
- ☐ Anterior chamber contents
- ☐ Iris
- ☐ Lens
- ☐ Measure intraocular pressure if trained and equipment available
- ☐ Repeat on the other eye

After · Action and documentation

- ☐ Record findings for each eye, with a diagram of any lesion, its size and location
- ☐ **Never give topical anaesthetic drops to take home**
Repeated use causes corneal toxicity and delayed healing.
- ☐ Refer same day to ophthalmology for corneal ulcer, suspected herpes keratitis, hyphaema, hypopyon, uveitis, raised pressure or penetrating injury
- ☐ Contact lens wearers with a corneal lesion need treatment covering Pseudomonas and ophthalmology follow-up per local protocol
- ☐ Advise the patient that vision may be blurred and the eye numb for a short time after anaesthetic drops; avoid rubbing the eye
- ☐ Clean the chin rest and forehead band after use



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.

EM Orbit · Emergency medicine, in one orbit · proc-slit-lamp · red rows are the steps that must not be missed