

CATARACT CALENDAR PROJECT

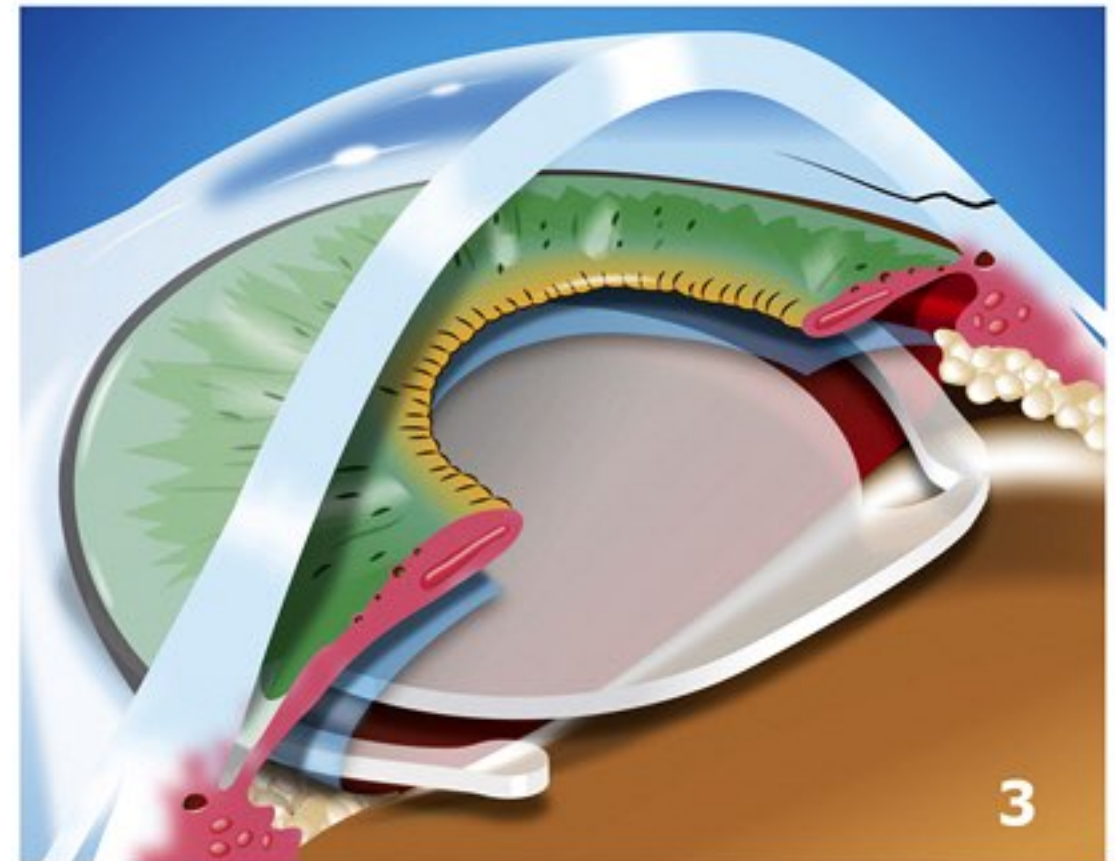
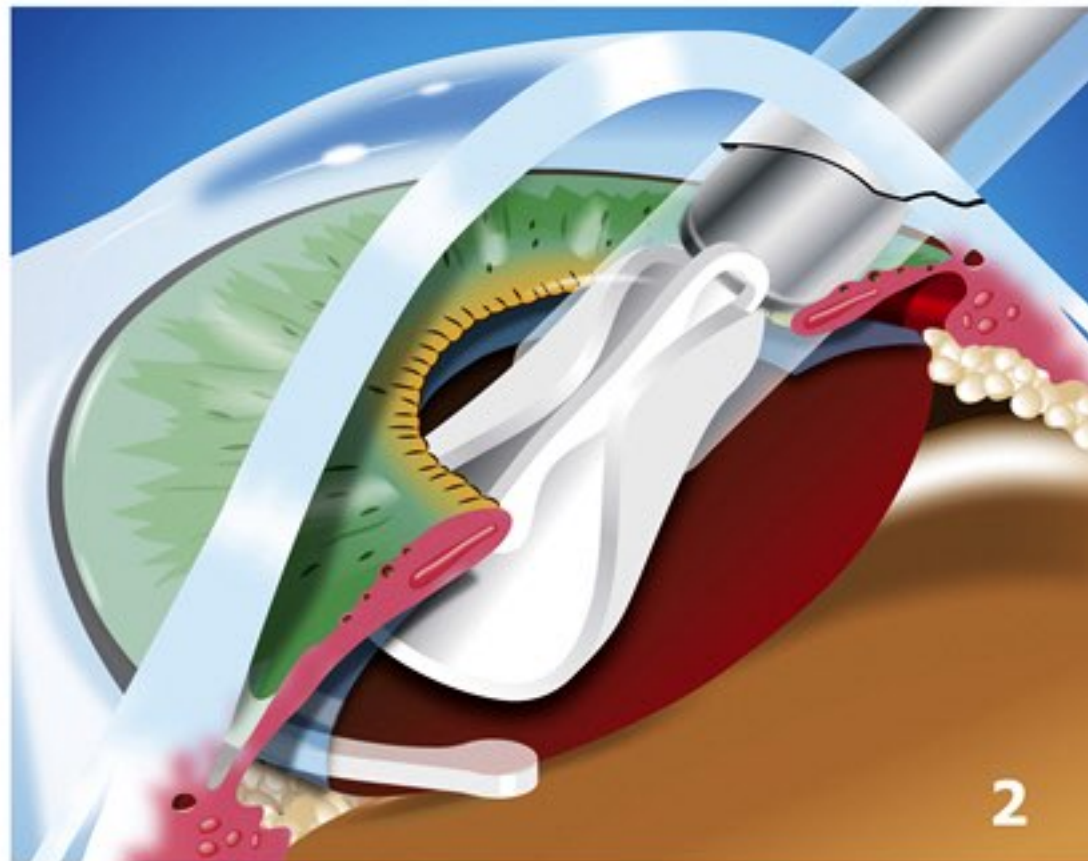
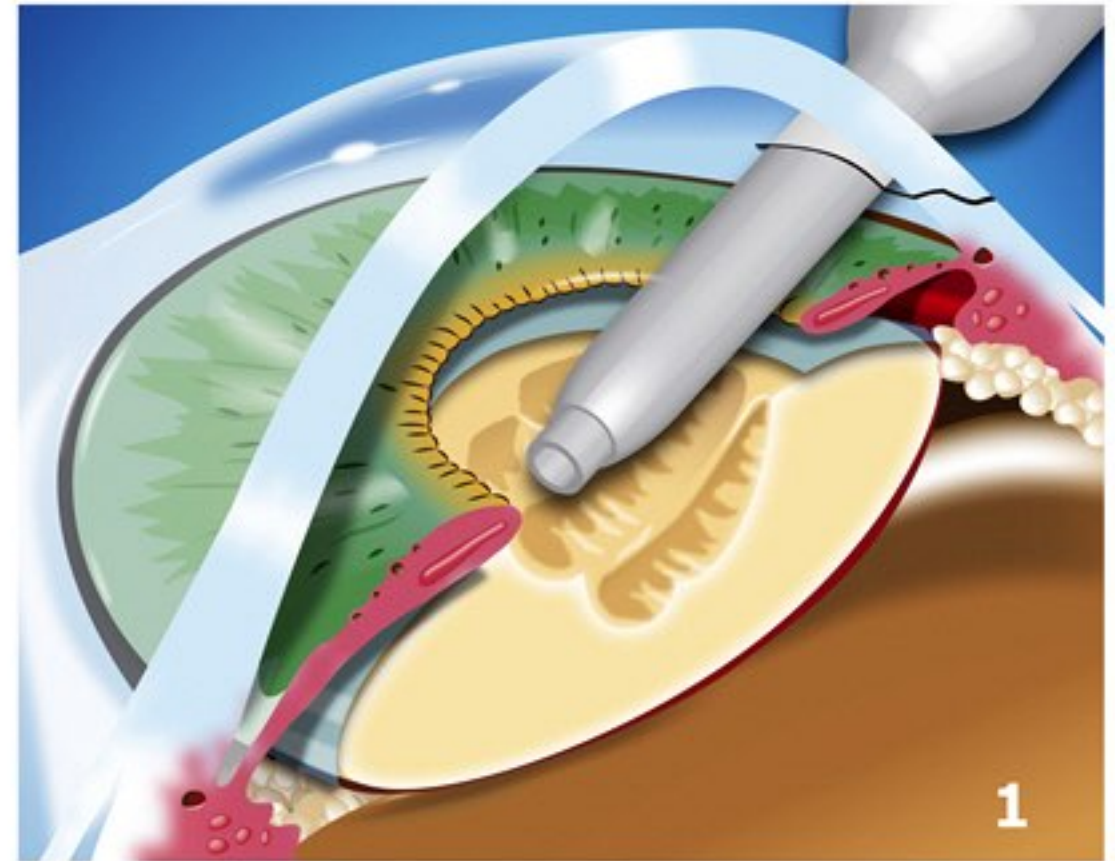
Team Eye-deators

Rose, Gopika, Pranesh



MR. SMITH



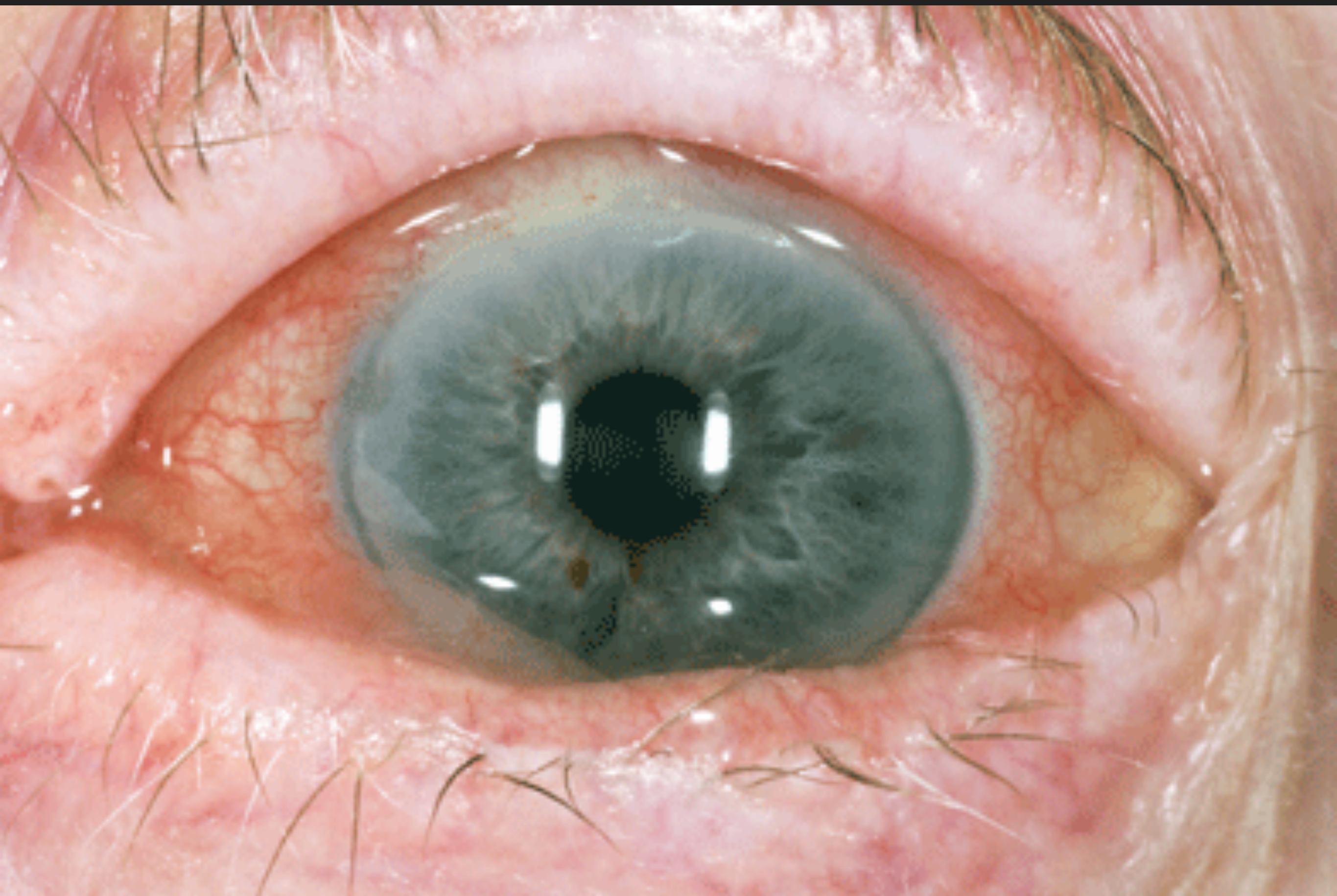


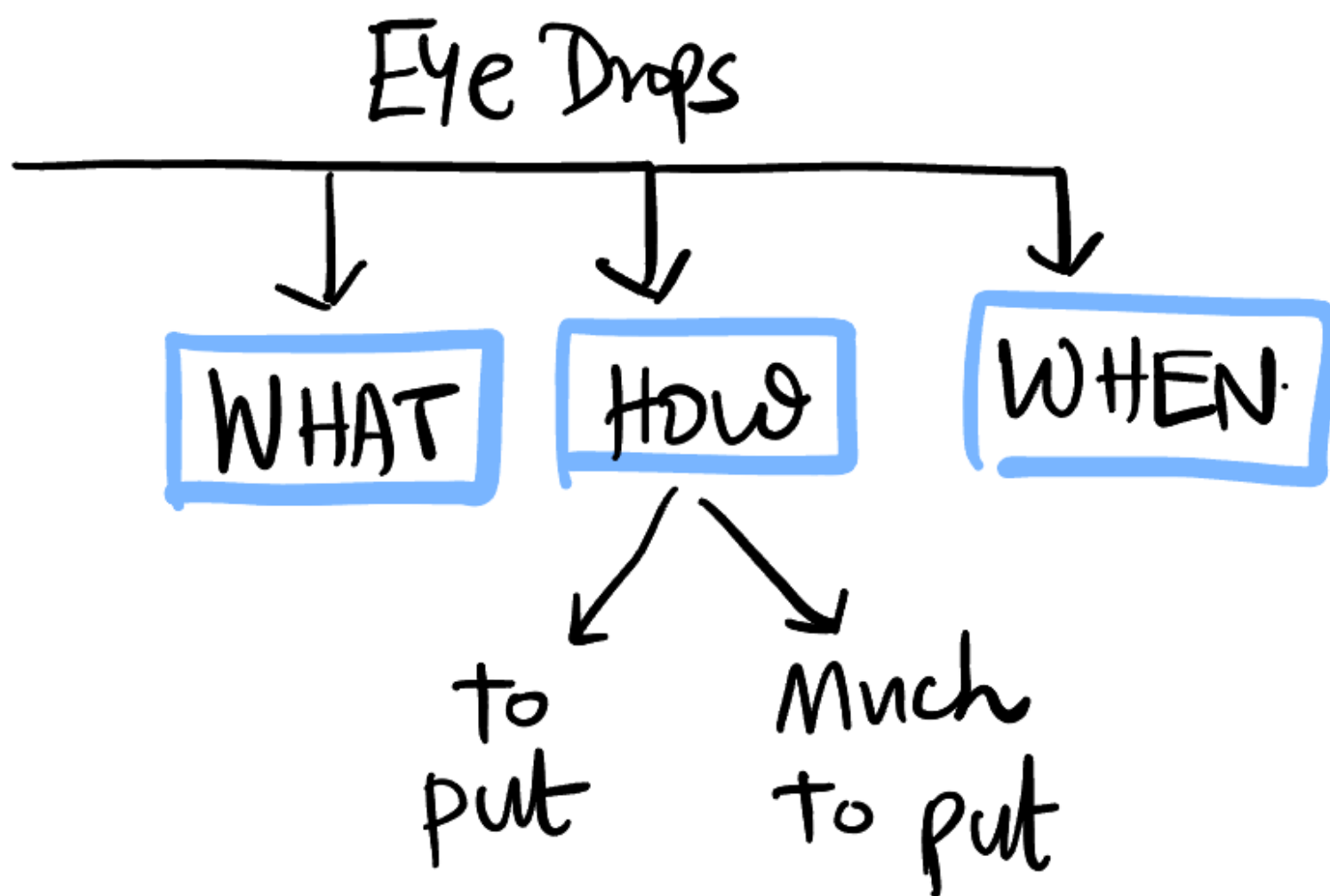


PATIENT

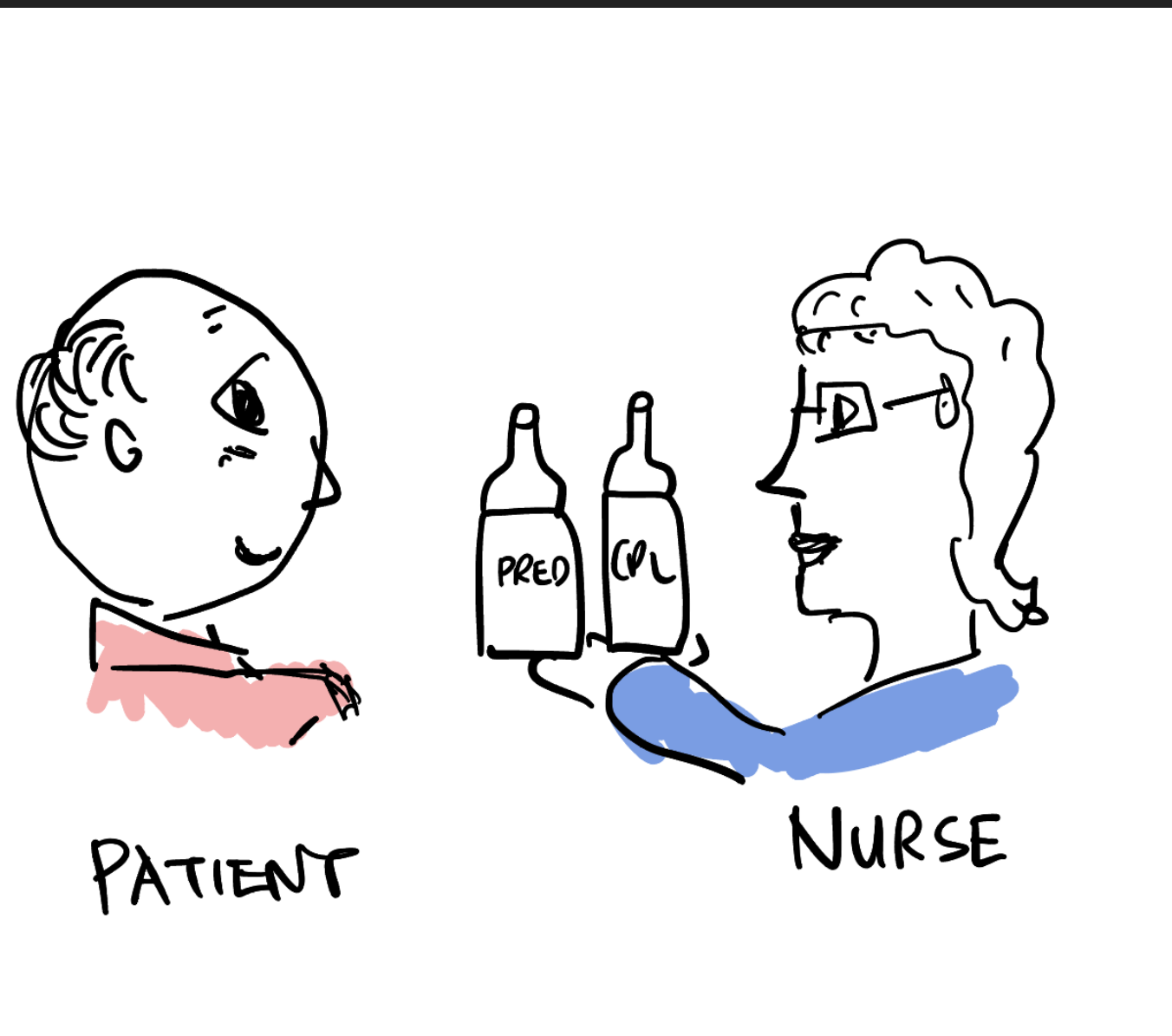


NURSE





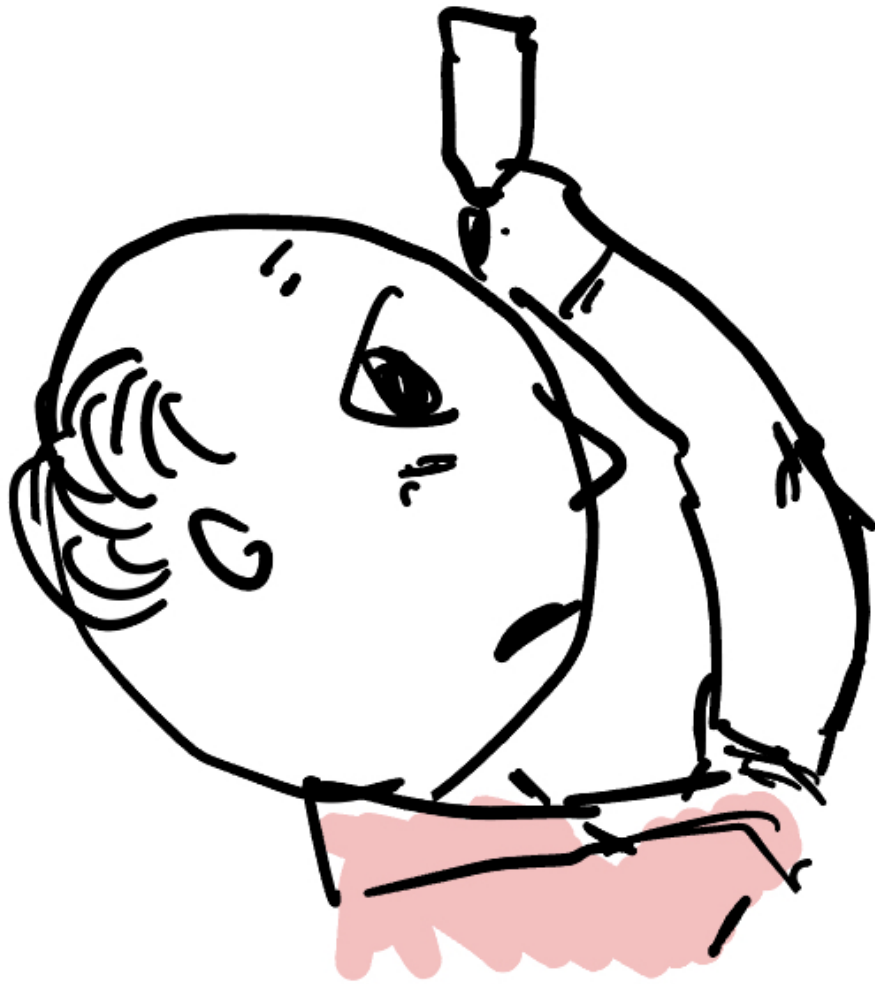
PROBLEM STATEMENT



	Dose (unit)	Eye	Frequency	Until
Chloramphenicol 0.5% eye drops	1 drop	Right	four times a day	19 Nov 2024
Pred Forte 1% eye drops (Prednisolone)	1 drop	Right	six times a day	26 Nov 2024
↳ then	1 (drop)		four times a day	10 Dec 2024
↳ then	1 (drop)		twice a day	24 Dec 2024

The patient has been advised of the importance of taking their topical medication. She has been given an appointment for post-operative review in 3-4 weeks time in Cataract clinic QMR

PROBLEM STATEMENT



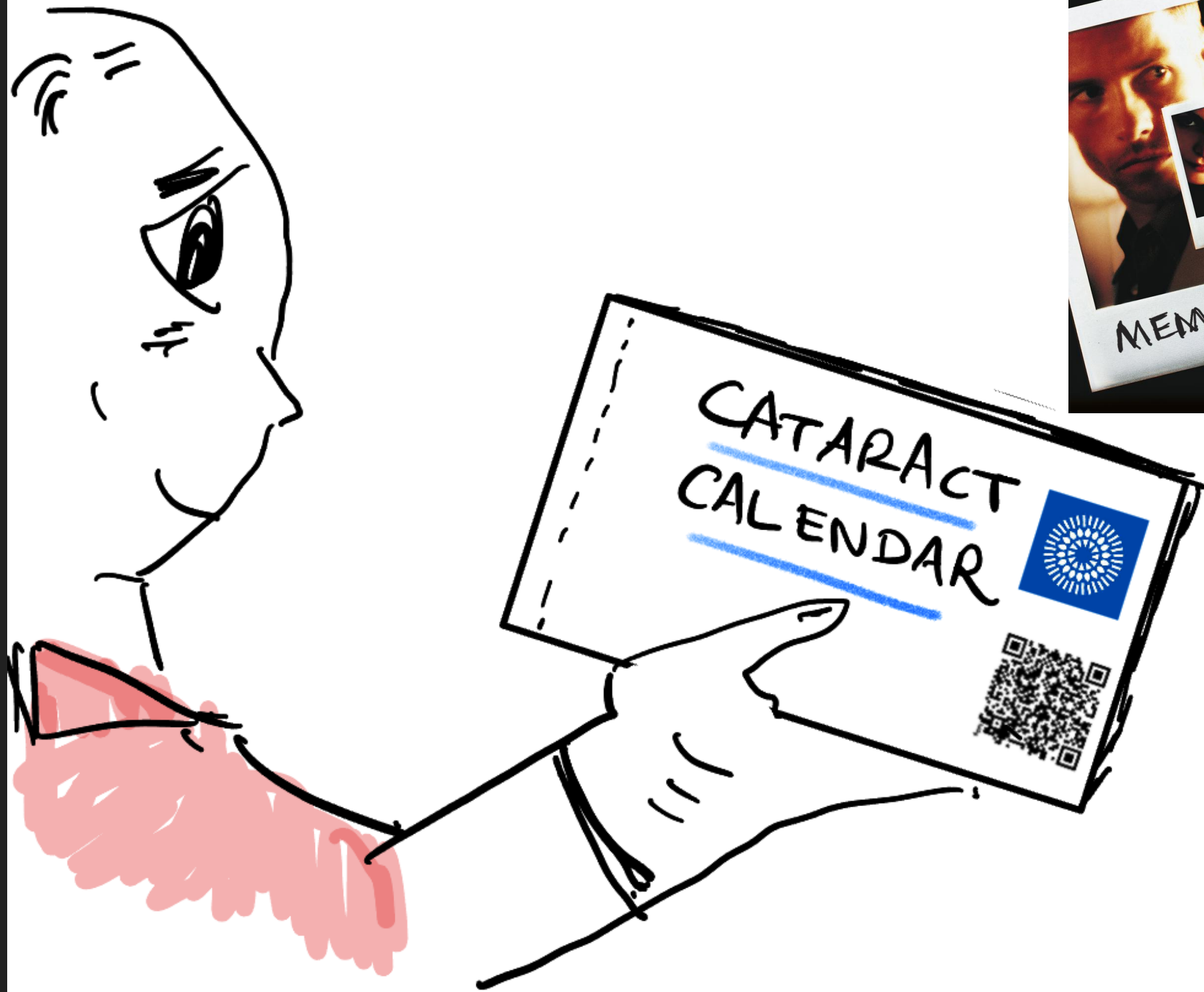
Poor Compliance
to

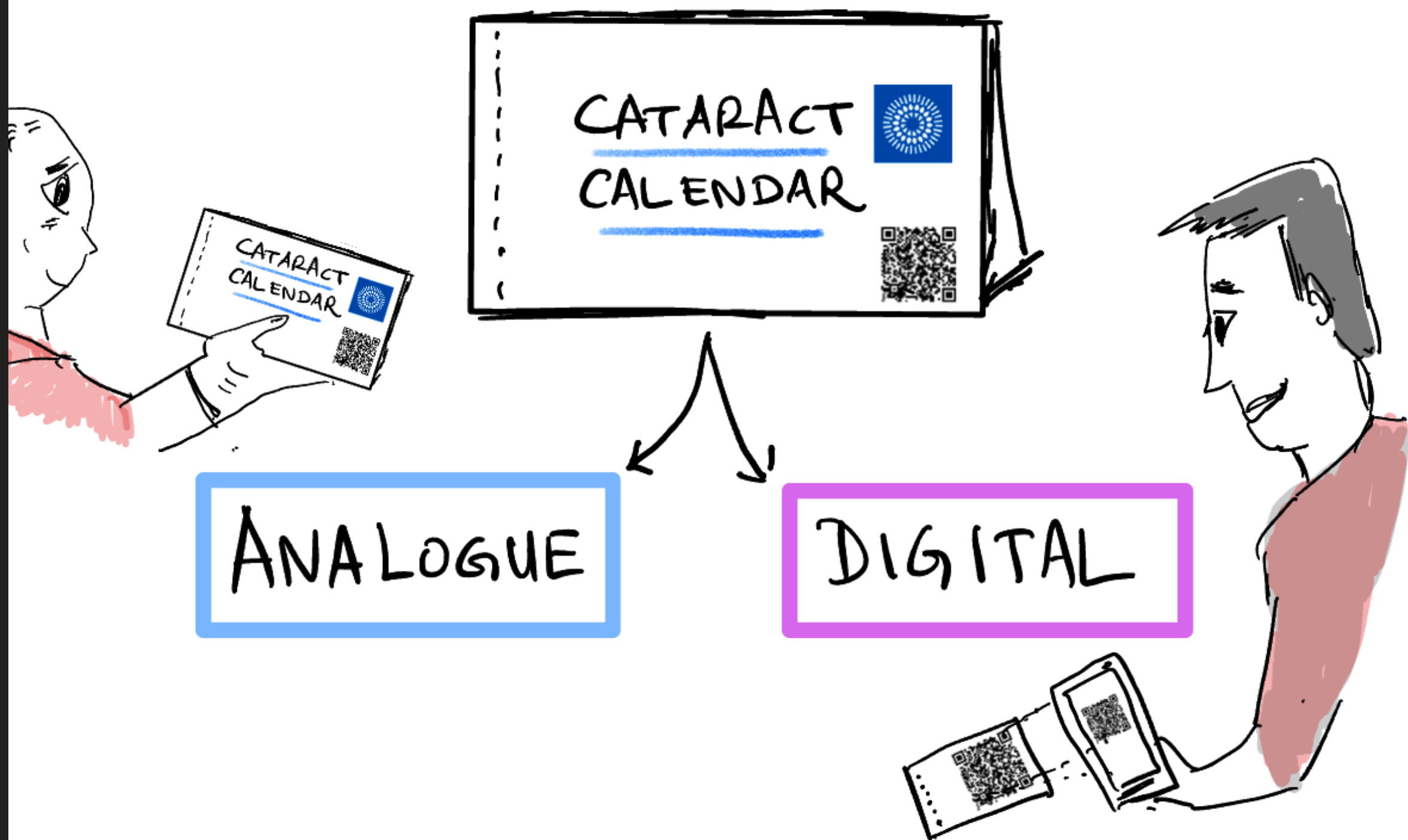
Post-op Instructions

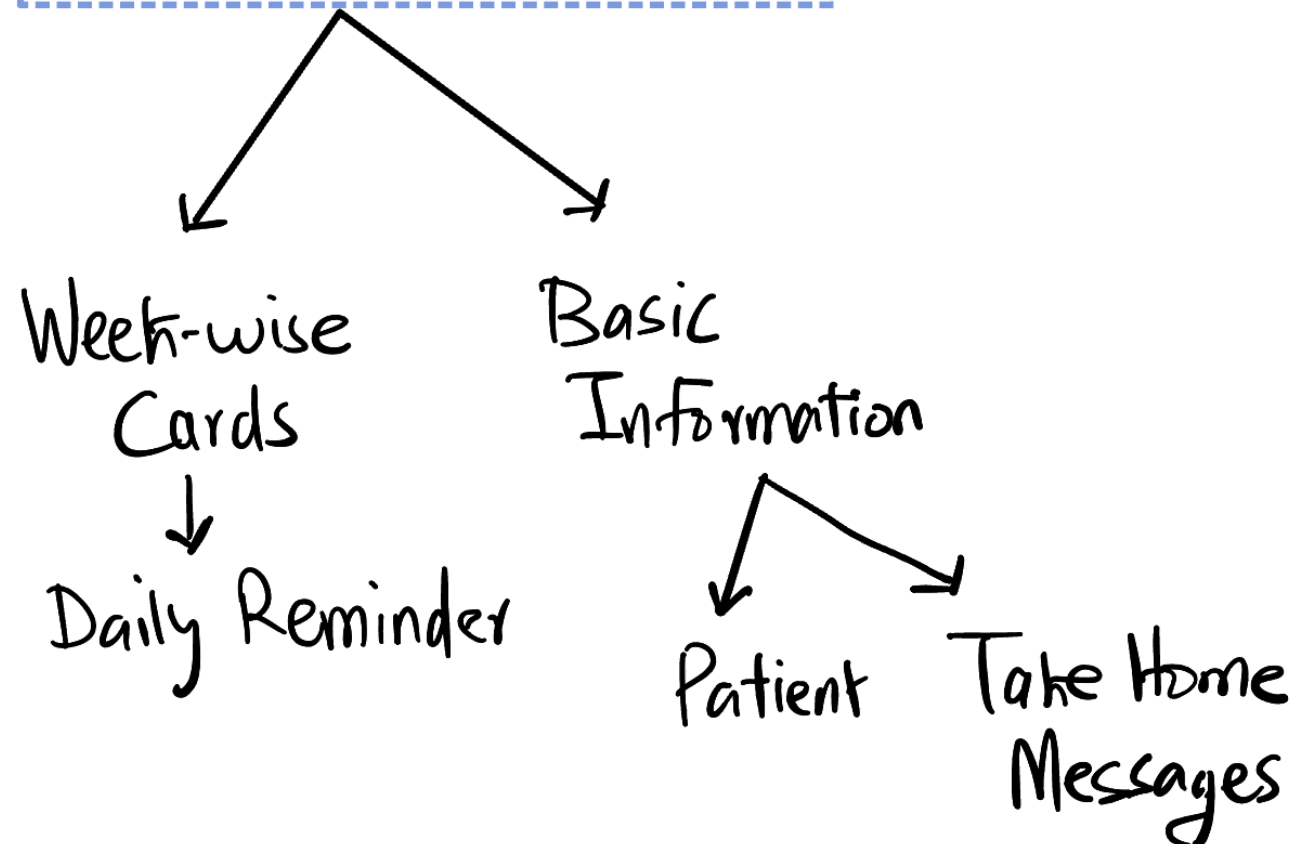
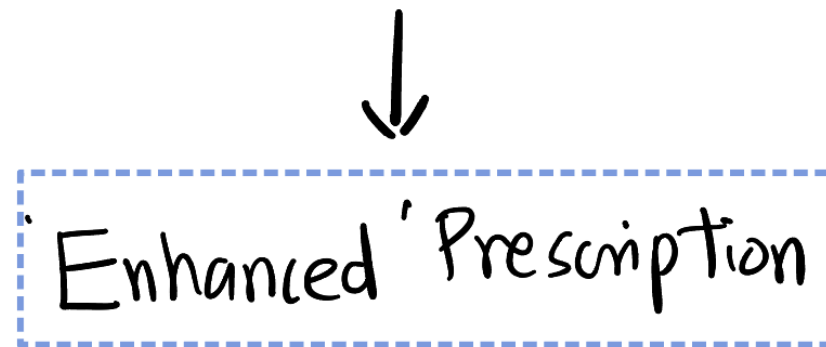
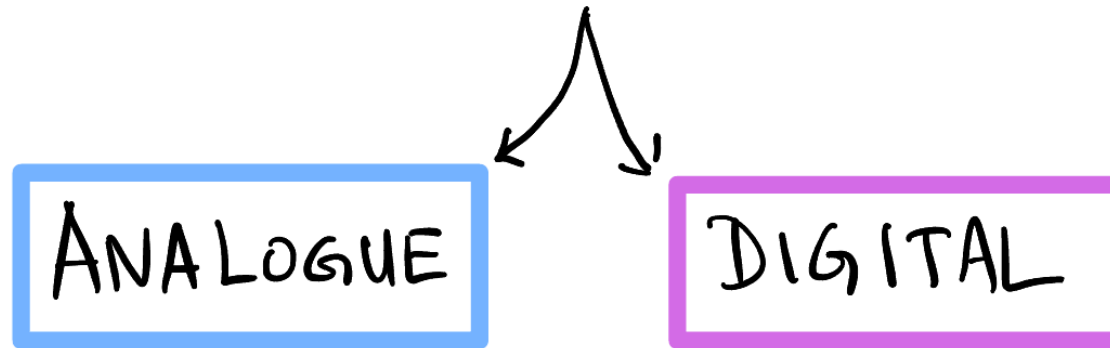


Post-op Complications









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The patient has been advised of the importance of taking their topical medication. She has been given an appointment for post-operative review in 3-4 weeks time in Cataract clinic QMR

#1 NEW YORK TIMES BESTSELLER

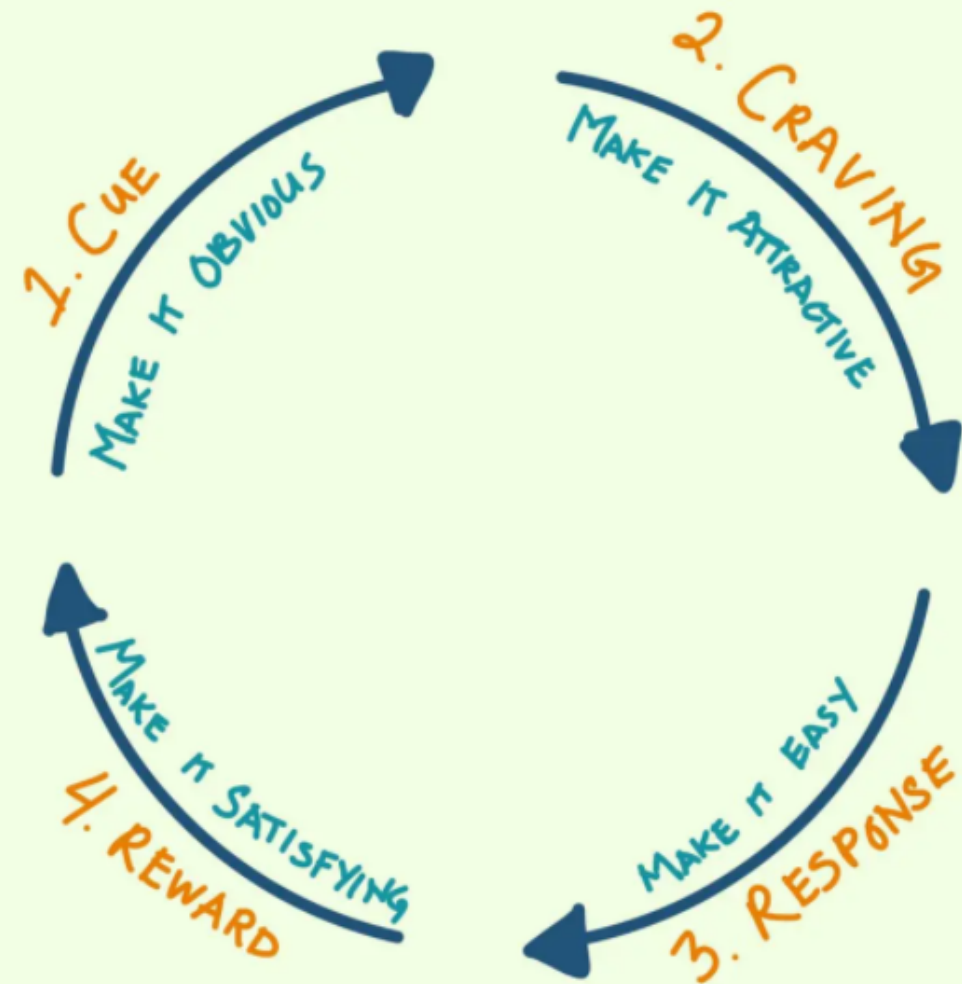
Tiny Changes, Remarkable Results

Atomic Habits

An Easy & Proven Way
to Build Good Habits
& Break Bad Ones

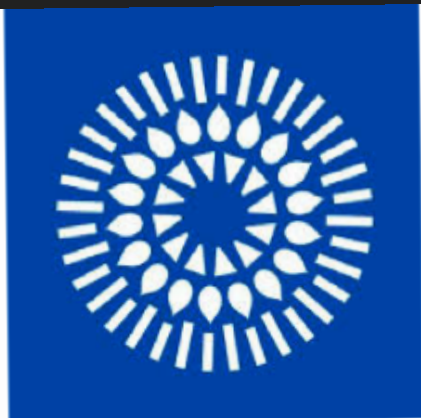
OVER
20 MILLION
COPIES
SOLD

James Clear



THE HABIT LOOP





CATARACT CALENDAR

Name :

Age :

DOB :

MEH :

PROCEDURE :

Date of Surgery :

Date of Appointment :

QR CODE



Please note:

1. Shake Predforte drops well before use
2. Keep Chloramphenicol in Refrigerator
3. Call 0207 702 5544 if you have concerns

Out of hours: 0208 725 2064

4. Warning signs to look for:

- Pain
- Redness
- Loss of Vision

Q's To Ask Doctor Next time:



Wash hands thoroughly



Lie back with head tilted



Pull down the lower lid



Press the bottle to instil just one drop



Press on the bridge of the nose for few seconds

Wait for 5 mins before the next drop

WEEK 1	DATE	PREDFORTE (Red)	CHLORAMPHENICOL (Green)
		<div>8am 10 12 3 6pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div>8am 12pm 4pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
Day 1	-/-/-	<div>8am 10 12 3 6pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div>8am 12pm 4pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
2	-/-/-	<div>8am 10 12 3 6pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div>8am 12pm 4pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
3	-/-/-	<div>8am 10 12 3 6pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div>8am 12pm 4pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
4	-/-/-	<div>8am 10 12 3 6pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div>8am 12pm 4pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
5	-/-/-	<div>8am 10 12 3 6pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div>8am 12pm 4pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
6	-/-/-	<div>8am 10 12 3 6pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div>8am 12pm 4pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
7	-/-/-	<div>8am 10 12 3 6pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div>8am 12pm 4pm 8pm</div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>

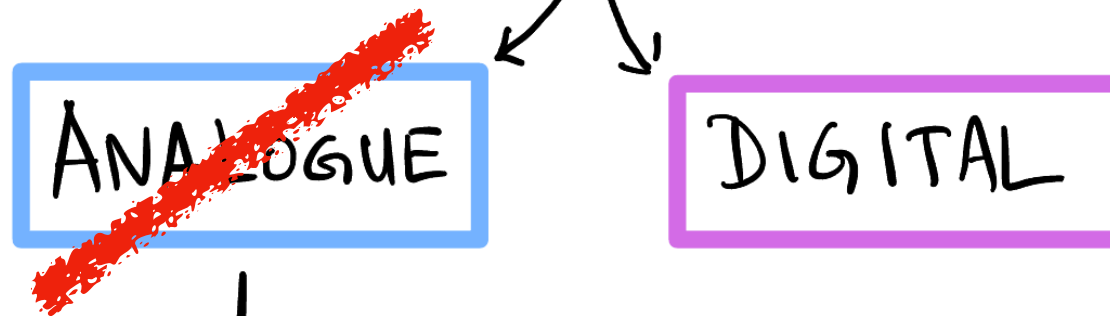
WEEK 2	DATE	PREDFORTE (Red)
Day 1	-/-/-	<div> <div>8am</div> <div>10</div> <div>12</div> <div>3</div> <div>6pm</div> <div>8pm</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div>
2	-/-/-	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
3	-/-/-	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
4	-/-/-	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
5	-/-/-	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
6	-/-/-	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
7	-/-/-	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

WEEK 3	DATE	PREDFORTE (Red)			
		8am	12pm	4pm	8pm
Day 1	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

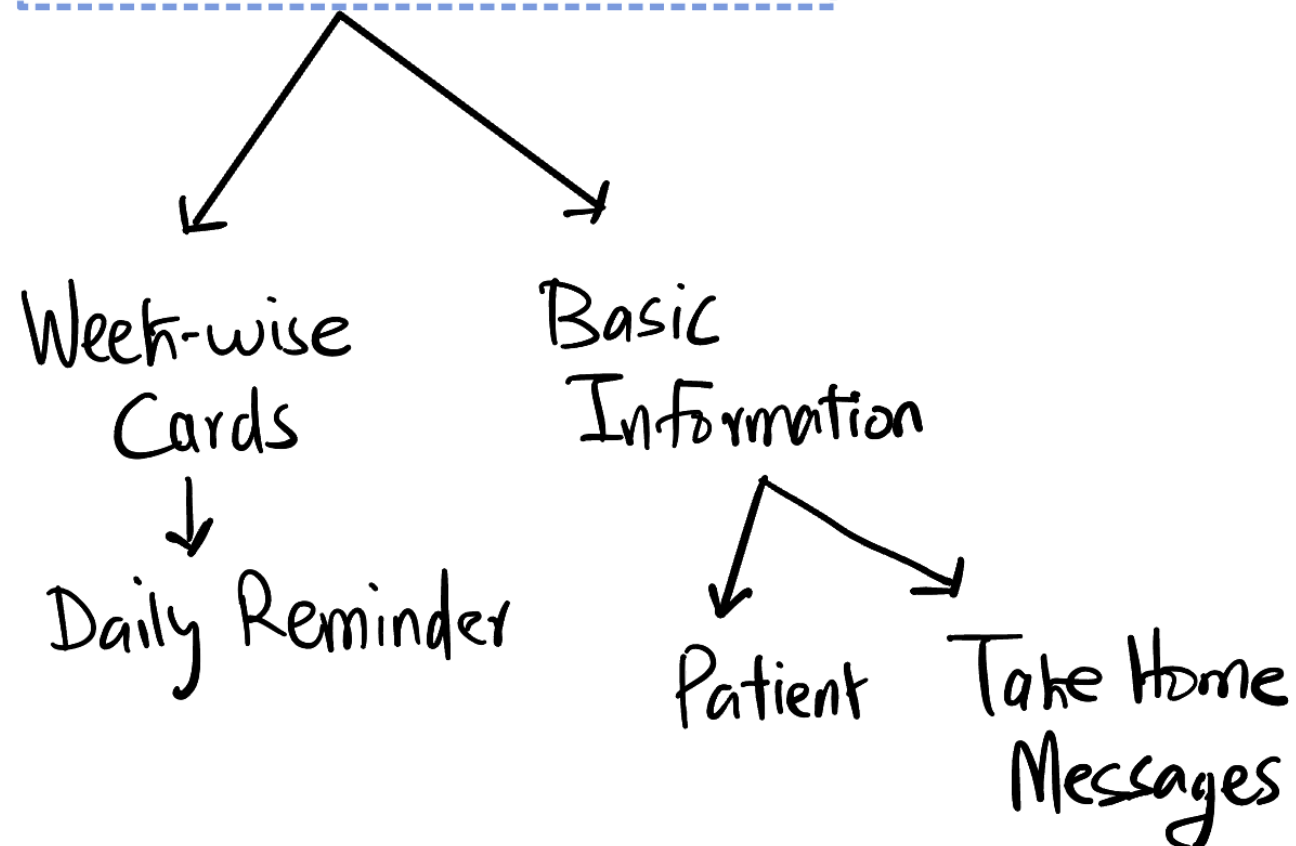
WEEK 4	DATE	PREDFORTE (Red)			
Day 1	-/-/-	8am <input type="checkbox"/>	12pm <input type="checkbox"/>	4pm <input type="checkbox"/>	8pm <input type="checkbox"/>
2	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

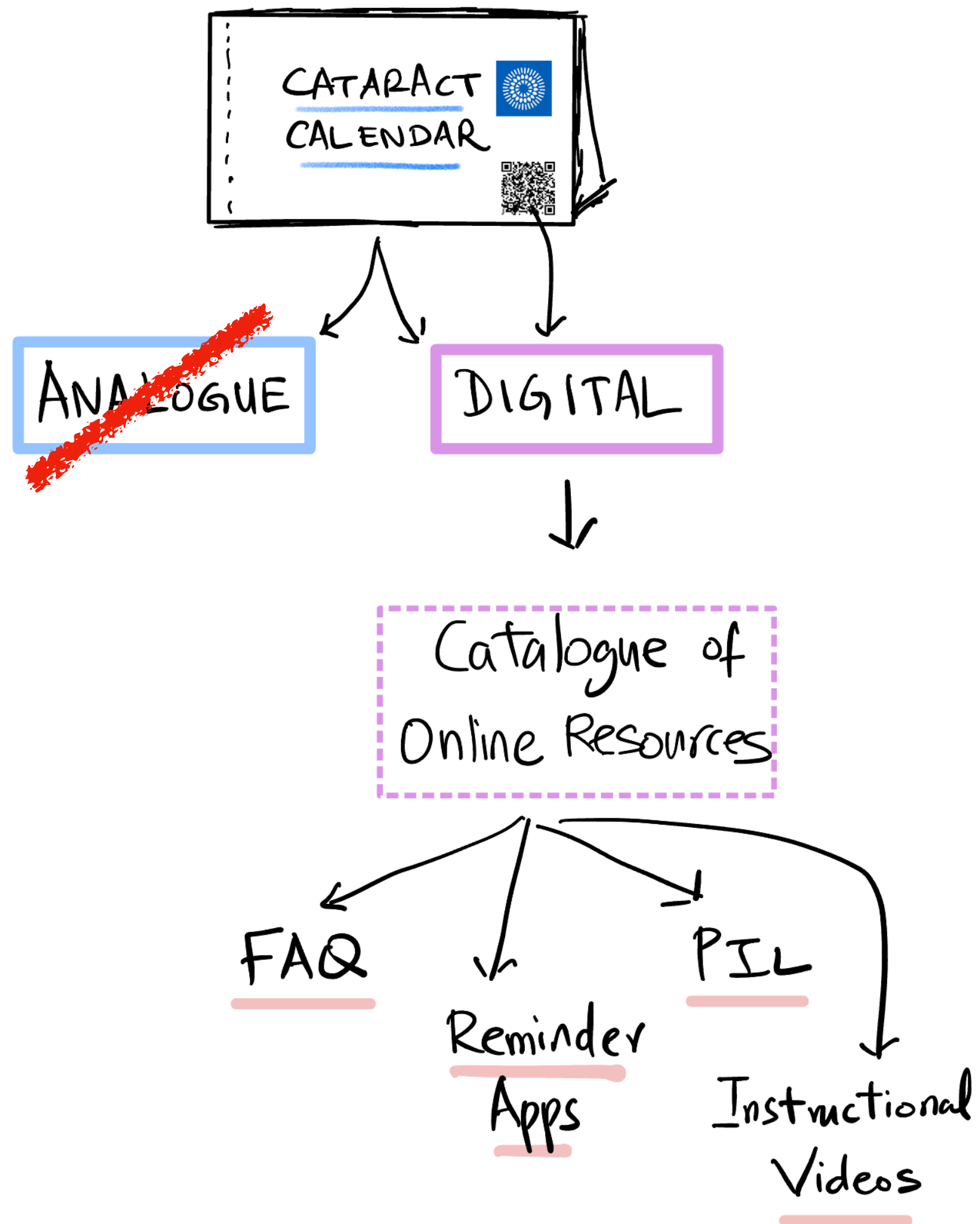
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2	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>
3	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>
4	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>
5	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>
6	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>
7	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>

WEEK 6	DATE	PREDFORTE (Red)	
Day 1	-/-/-	8am <input type="checkbox"/>	8pm <input type="checkbox"/>
2	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>
3	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>
4	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>
5	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>
6	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>
7	-/-/-	<input type="checkbox"/>	<input type="checkbox"/>

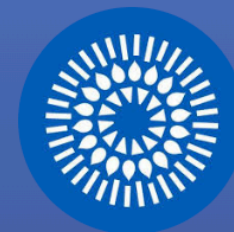


Enhanced Prescription









MOORFIELDS CATARACT EDUCATION

Emergency Contact: 0207 702 5544 (Office hours), 0208 725 2064 (Out of hours)



Cataract Calendar Template



FAQ after cataract surgery



Cataract Patient Information Leaflet



Cataract surgery - Animated video for patients



How to put eyedrops? An Instructional Video



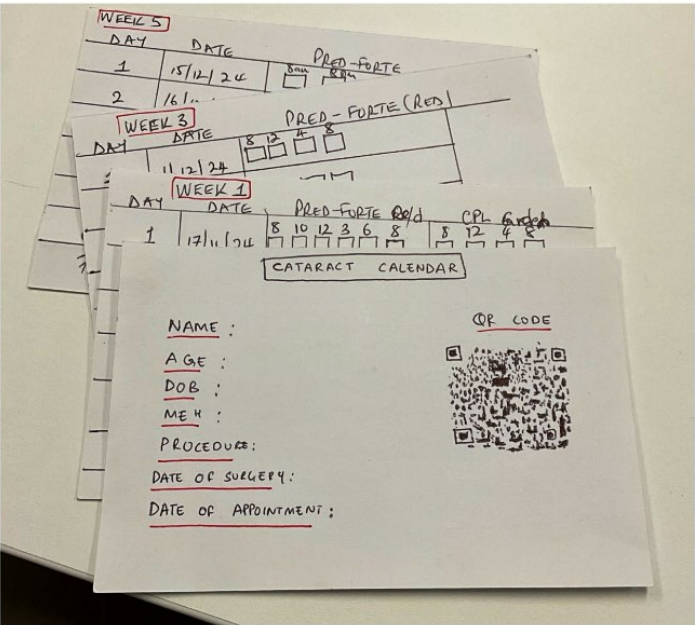
Eye Drop Reminder - Android application



Eye Drop Reminder - iOS application



FUTURE ?



DIGITISE



Document

Feedback

Integrate

A.I

