

CODE OF ETHICS

for
Bachelor of Optometry



नेपाल स्वास्थ्य व्यवसायी परिषद्
Nepal Health Professional Council

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Nepal Health Professional Council

CODE OF ETHICS FOR OPTOMETRISTS

दृष्टि विशेषज्ञहरूका लागि आचारसंहिता



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PREFACE

The Nepal Health Professional Council established under the Nepal Health Professional Council Act 2053 B.S. Nepal Health Professional Council Act has been regulating the Health Professionals (except Doctors and Nurses). Its primary purpose is to protect the public by providing quality health service.

The council acts as the facilitator for the professionals. As the statutory authority, Nepal Health Professional Council Act 2053 B.S., sets out condition for the registration of all Health Professional in the council. The Act prohibits any Health Professional to practice without being registered with Nepal Health Professional Council. The Health Professional Council maintains register and those who are registered are granted with practicing certificate.

For providing quality Health Service to the people NHPC is also responsible to make the code of ethics for the Health Professionals according to the levels of their registered subject in accordance with NHPC act 2053 clause 9 sub clause 1 section. Now NHPC is going to implement the code of ethics for all registered Optometry, Ophthalmology & Ophthalmic Assistant professionals.

NHPC has determined to implement the code of ethics for professionals of all subject committee according to their minimum qualification and their training's objective. It will help to provide quality health service by the defined health professionals and to avoid the dispute and confusion of task and duties during their professional activities according to their qualification and registered levels.

Nepal Health Professional Council Decided at 2061 Ashad 27 that, this Code of Ethics is implemented all over the country since 2061 Bhadra 1 (17 august 2004).

Lastly, I appreciate the efforts made by all the council members, subject committee members, Registrar and other involving experts.

Shravan Kumar Mishra
President, NHPC

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CODE OF ETHICS FOR OPTOMETRIST

A. INTRODUCTION

The purpose of this document is to provide health professionals and the general public with an overview of the practice activities of the optometrist and how they relate to the needs of the public and to the activities of other health care providers.

"An optometrist is an independent eye care professional who specializes in the examination, diagnosis, treatment, management, and prevention of diseases and disorders of the visual system, the eye and associated structures. The optometrist is a primary contact health care practitioner who cares for the functionally inadequate visual system" - World Council of Optometry

Optometrists practice independently or in group to provide services in the areas of spectacle lens therapy, contact lens therapy, low vision therapy, binocular vision therapy, occupational vision care, visual rehabilitation and eye diseases.

This document describes the key aspects of Optometry, beginning with optometric education and the optometric examination, Optometry's role in primary care, treatment services, Professional communication, dispensing and social obligation.

B. OPTOMETRIC EDUCATION

Bachelor of Optometry (B.Optom) course has been accredited by Nepal Health professionals' council (NHPC) as A-level health profession. Doctor



of Optometry (OD) and Bachelor of Optometry have been recognized worldwide as graduate degree in optometry. Graduated optometrists are entitled with prefix of doctor. The new institutions that emerge in the future for the production of optometrists should follow the rules and regulation and education standards as recommended by Nepal Health Professional Council. To practice Optometry in Nepal, a candidate must meet the requirements of the Act and Bylaws of minimum criteria of registration from Nepal health professionals Council's authority. Once in practice, optometrists will be recognized as a specialist in specific areas of optometry according to continuing education courses they updated.

Specific areas: It defines the subjects in which optometrists continue the education for the minimum period of 3 months including distant learning. This includes fellowship, Post graduate diploma, master course and PhD. e.g. Contact lens, ocular prosthesis, Low vision, Orthokeratology, behavioral optometry & vision training, community optometry, sports & occupational vision, orthoptics, therapeutic optometry etc.

C. ETHICAL STANDARDS FOR OPTOMETRISTS

An optometrist should

- Understand the concept of duty of care and associated responsibilities.
- Promote and maintain collegial, respectful and unselfish relationships with members of their own profession.
- Practice with conscience and integrity in a manner that is in the best interest of the informed patient, enhancing the status of the profession and promoting public confidence.



- Practice and advance the current standard of care, and ensure that their practice modalities, resources and their accurate and legible recording of results and outcomes
- Maintain high standards of contemporary professional competence and knowledge, ensuring any diagnosis made, advice provided, or treatment given is based on these principles.
- Ensure that referrals to and from colleagues and kindred professionals are appropriate and action in a manner that is in the patient's best interests.
- Not practice under conditions that compromise their professional independence, judgment or integrity, nor impose such conditions on other optometrists.
- Disclose any significant proprietary interest they have in care options recommended.
- When promoting their practice or profession, ensure any claims made are sustainable, truthful and reflect their status as a registered health practitioner
- Learning of the profession for the benefit of the wider community.
- An Optometrist shall ensure that comprehensive, accurate, up-to-date clinical records are kept and that appropriate privacy provisions are maintained.
- Provision should be made for a continuity of an appropriate standard of care to be available if the Optometrist is absent from the practice.
- Optometrists should ensure all non-qualified staffs are aware of their legal and ethical obligations relating to the practice of Optometry.



D. THE ROLE OF OPTOMETRIST IN HEALTH CARE DELIVERY

The practice of Optometry is the examination, diagnosis, measurement and treatment of the ocular health of the human eye and includes, but is not limited to:

- Examination of the human eye by any method, other than surgery, to diagnose and to treat or to refer for consultation or treatment for abnormal conditions of the eye and adnexa and to co-manage along with physicians and other professionals the ocular well-being of the patient;
- Employment of instruments, devices, test lenses, or any refractive procedures, automated or otherwise, pharmaceutical agents and procedures intended for the investigating, measuring, examining, treating, diagnosing or correcting of visual defects or abnormal conditions of the human eye or its adnexa
- Prescribing of pharmaceutical agents (*See Appendix B*), corrective lenses, devices containing lenses, prisms, contact lenses, orthoptics, vision therapy, and prosthetic devices to correct, relieve or treat defects or conditions of the human eye or its adnexa.
- Fitting and application of lenses, devices containing lenses, prisms, contact lenses, pharmaceutical agents and prosthetic devices intended to be placed directly upon or in contact with the tissues of the human eye or adnexa
- Prescription, supervision and management of regimes of therapy for the improvement or monitoring of the visual health or function of patients;
- Diagnosis and treatment of the occupational and sports vision needs of patients.



D.1 OPTOMETRIST'S RESPONSIBILITIES IN HEALTH CARE DELIVERY

The optometrist has responsibilities in the following areas:

- I. Prevention;
- II. Health education;
- III. Health promotion;
- IV. Health maintenance;
- V. Diagnosis;
- VI. Treatment and rehabilitation;
- VII. Counseling;
- VIII. Consultation.

I. PREVENTION

The concept of preventive care is directed to the planning and implementation of school/community based visual screening programs, assessment of occupational and vocational environments for hazards to vision and health.

Prevention specifically incorporates the following responsibilities:

- To evaluate the systems of the body present in the eye, orbit and their adnexa in order to diagnose and treat, when appropriate, deficiencies contributory to sensory deficit and the onset of amblyopia and strabismus; further, to diagnose, to treat where authorized, and to refer eye or systemic diseases or both;
- To obtain and use family health and could-visual history in the process of assessment, diagnosis, counseling and therapies directed toward the prevention of vision deficits and to direct individuals to genetic counseling when appropriate;



- To identify, through history and assessment, factors that place individuals or offspring at risk of vision and ocular disorders or trauma and to provide preventive and corrective procedures;
- To monitor the growth and development of ocular structures and visual functions so that impediments to these processes are detected and remedied at the earliest time;
- To provide education on ocular health and visual function to parents, children, teachers, specific occupational groups and the general public related to prevention and maintenance of ocular health and visual efficiency;
- To provide planning, implementation, participation, monitoring and evaluation of vision screening of infants, children, institutionalized populations such as the aged, the developmentally delayed, and persons in work and recreational activities;
- To assess and evaluate various environments, work activities, hazards to vision and proper illumination contributory to efficient and comfortable use of the eyes and visual processes so as to protect persons at work or at recreation;
- To undertake and participate in research in conjunction with educational institutions or professional associations or other professions directed toward prevention of health and vision problems;
- To contribute to the knowledge of the visual factors of ocular disease or loss of visual functions;
- To monitor in cooperation with physicians, the visual functions and ocular structures of patients being treated with drugs that may have a potential for ocular side effects.



II. HEALTH EDUCATION

Health education specifically incorporates the following responsibilities:

- To provide and interpret information on ocular health, visual functions, visual efficiency and comfort as well as the general health factors contributory to the individual's welfare;
- To provide information to patients on the use of their eyes, the frequency of eye care, eye protection, illumination, luminaries and hazards to eyes and vision;
- To consider and advise patients on the ergonomics of vision;
- To explain the nature of vision and the risks that result from genetic factors, toxic and disease agents and environmental hazards detrimental to the eyes or vision;
- To act as a community resource for vision and health care information and as a repository for literature to this end.

III. HEALTH PROMOTION

Optometrists as health care providers have a duty to promote lifestyle choices that protect or enhance good vision and health. Health promotion specifically incorporates the following responsibilities:

- To act as a resource and to participate in the encouragement of children, young persons, parents, unions, industries and the public to practice preventive, protective aspects of eye care and visual processes;
- To inform the public on all aspects of ocular health maintenance, particularly those aspects that place persons visually at risk;
- To inform the media of conditions, events and circumstances that contribute to effective and efficient visual functions and to identify factors that contribute to the occurrence of vision and eye problems;



- To provide understanding of the part played by vision in human development and the caring process, so that maximum potential and efficiency are achieved and maintained in a manner promoting the full enjoyment of life.

IV. HEALTH MAINTENANCE

It is important to encourage activities that will provide long-term ocular health and visual efficiency. Health maintenance specifically incorporates the following responsibilities:

- To undertake complete visual examinations of patients at appropriate intervals and to advise them on the care and treatments necessary to maintain efficient and effective vision;
- To provide advice and recommend means by which vision and the visual system can be protected from factors that endanger sight or ocular welfare;
- To provide continuing care and monitoring of persons with health conditions that may place their eyes or vision at risk so that they may seek the assistance of an appropriate practitioner at the earliest time and thus prevent or minimize vision loss or ocular damage;
- To monitor and advise on the individual's visual system post-referral to physicians and other health professionals and thus to assist in compliance with the treatment and advice provided by them;
- To prescribe, provide and supervise programs of visual rehabilitation after disease or surgical treatments have been completed or stabilized;
- To provide continuing supervision of ocular health and visual functions in chronic or stabilized illness;
- To advise patients on ocular safety and environmental hazards to vision and to provide protective devices.



V. DIAGNOSIS

During an eye exam the optometrist will make a diagnosis concerning what is (are) the cause(s) of the patient's complaint. Patients may present a wide variety of symptoms and signs of visual or ocular problems.

Using a thorough case history and an extensive battery of tests, optometrists determine whether the eyes are healthy; vision is corrected to its sharpest clarity; the eyes are coordinating and focusing properly; color vision is normal; depth perception is accurate; and visual perception is adequate. Optometrists are concerned not only about diseases of the eye, but the patient's overall health. Since many systemic diseases have ocular manifestations, optometrists regularly diagnose diseases with sources outside the eyes, or monitor the effects of these diseases on the eye. For example, in some patients one can see changes in the retina (retinopathy) which might be suggestive of a systemic disease or condition such as diabetes, hypertension or a carotid artery obstruction. The systemic diseases diagnosed should be referred to concerned physicians for appropriate management (*See Appendix C*). Many systemic medications taken for general health problems can also have effects on the eye.

Knowing the patient's medication may help the optometrist diagnose an ocular health problem that is the result of taking certain medications. For example, patients with severe arthritis may take oral prednisolone. This medication can cause increased intraocular eye pressure and posterior subcapsular cataracts in some at-risk patients.

Diagnosis specifically incorporates the following responsibilities:

- To carry out a comprehensive health and illness history of patients and to examine eyes, orbits and adnexa and those body systems



represented in the eyes and orbits, including the skull, the soft tissues, glandular tissues, the lymphatic system, the vascular system, the neuromuscular system and the eyes as optical systems;

- To use appropriate equipment and available technology to carry out oculo-visual assessment procedures. This may include standard oculo-visual assessment equipment, electrodiagnostic instruments, visual field analyzers, binocular vision devices, low vision aids, laser interferometers, autorefractors, prisms, lenses, contact lenses, external and fundus cameras, keratometers, retinoscopes, tonometers, biomicroscopes, Ocular coherent tomography, Heidelberg retinal topography, direct and indirect ophthalmoscopes, corneal topographers and a spectrum of drugs useful in the assessment of ocular refraction, binocular anomalies and the detection of diseases of the eye;
- To use appropriate assessment instruments and procedures in the evaluation of perception.

VI. TREATMENT AND REHABILITATION

Lenses, prisms, contact lenses, sight-enhancing devices, orthoptics, vision therapy, perceptual training, counseling and therapeutic drugs are the current realm of optometric treatment. Full treatment may require a combination of the above to relieve a patient's problem. Should an ocular or systemic disease be detected, optometrists refer the patient to the appropriate practitioner. Most referrals are to general practitioners or ophthalmologists, but may also be to neurologists, dermatologists, internists, geneticists, psychologists, and many other professionals. Optometrists typically consult with the family doctor and keep that person informed of where the patient is being referred. The safety standards should be met while providing treatment.



Frames, optical lenses and contact lenses are becoming more complicated and specialized. Proper treatment involves far more than simply the required strength of a lens, but must include how the entire optical appliance is to be adapted to best suit a patient's visual and lifestyle demands. As acknowledged experts in optics, optometrists are the most qualified to adapt a written prescription (*See Appendix D*) to a usable optical appliance. This is why optometrists promote the concept of unified service - allowing the doctor who diagnosed and is most familiar with a patient's problem to carry out the treatment and determine the efficacy of that treatment. Of course, the spectacle prescription is the property of the patient, who is free to seek treatment wherever he or she wishes.

Treatment and rehabilitation specifically incorporates the following responsibilities:

- To treat vision anomalies by means of lenses, prisms, contact lenses, sight-enhancing devices, orthoptics, vision therapy, visual perceptual training or therapy and appropriate counseling on compliance with the prescribed treatment;
- To prescribe vision therapy and orthoptic treatment procedures, to supervise these procedures when therapeutically applied to the patient's sensory motor problems and to instruct patients in the proper application of various training and orthoptic procedures, whether they are performed under direct supervision or in the home environment;
- To initiate low vision services, contact lens applications or other rehabilitative procedures and thus to maximize the input of visual information and provide the patient with maximum opportunity for all activities;
- To advise and provide appropriate protective devices for work, sport and recreational activities so the integrity of vision and ocular



structures is maintained. This activity includes counseling on lighting, glare and radiation protection, as well as on other hazards;

- To supervise or provide aid in the selection and provision of the appropriate ophthalmic materials, to provide for the adequate fit of appliances and to verify the accuracy, quality and serviceability of optical devices used in treatment;
- To treat with medication or by other means those ocular or systemic diseases or conditions of the eye or visual system for which the optometrist is authorized to provide care and treatment and, when not so authorized, to refer the patient to the appropriate physician who may provide that care and treatment. This referral is to be made accompanied by a report of the optometrist's observations, diagnostic findings and therapy, if any, performed at the time of the referral;
- To carry out diagnostic findings for physicians, other health professionals and other authorities that contribute to their diagnostic process; modify them as required to maximize patient benefit.

VII. COUNSELLING

Patients have a right to know the status of their vision and eye health. Optometrists also feel it is their duty to inform the patient of all aspects of their visual well-being.

Counseling specifically incorporates the following responsibilities:

- To provide patients with knowledge of the status of their vision and its conservation;
- To provide patients with knowledge of their ocular health and its maintenance;
- To provide information on the protection of eyes and vision in various work, recreation and other environments;



- To provide counseling in support of the therapies of other health practitioners and thus to bring about compliance;
- To provide parents with knowledge of visual perceptual and ocular development of their children;
- To provide counseling on the use, function and quality of optical appliances provided to patients, and to make them aware of resources available to promote their visual comfort and welfare.
- To counsel patients on the use, function and efficacy of medications and other therapeutic treatments being provided to them and to make them aware of the ocular and systemic side effects, if any, of these treatments;
- To counsel those persons with vision impairment so that the full use of available resources can be applied to maximize remaining visual function;
- To assist the visually-impaired to adapt to their condition;
- To provide counseling on the general principles of health in its preventive and maintenance aspects;
- To counsel the patient to seek genetic guidance when appropriate.

VIII. CONSULTATION

Optometrists serve as the entry point into the eye care system. They routinely encounter conditions that require secondary or tertiary care and refer or consult regularly with those providers. Optometrists also will consult with and refer to family physicians and other primary health care providers.

Consultation incorporates the following responsibilities:

- To consult with other optometrists on the patient's behalf so that their skill can contribute to the effective care of the patient;



- To consult with other health care practitioners such as ophthalmologists, physicians, dentists, geneticists and nurses as the patient's needs require;
- To consult with teachers, psychologists, nutritionists, audiologists, occupational therapists, physiotherapists and other therapists, as well as members of the clergy, as the patient's needs require.

D.2. OPTOMETRIC TREATMENT SERVICES

- D.2.A Spectacle Lens
- D.2.B Contact Lens & Ocular Prostheses
- D.2.C Children's Vision (Pediatric Optometry)
- D.2.D Geriatric Vision
- D.2.E Low Vision
- D.2.F Occupational and Environmental Vision
- D.2.G Binocular Vision and Vision Therapy
- D.2.H Sports Vision
- D.2.I Anterior Segment Disease Diagnosis, Treatment and/or Referral
- D.2.J Posterior Segment Disease Diagnosis, Treatment and/or Referral
- D.2.K Post-Operative Care and Management
- D.2.L Laser Refractive Eye Surgery Pre/Post Care

D.3 ETHICS ON THE DISPENSING ASPECTS OF OPTOMETRY

Special optical appliances which are regarded as medical devices and are used to treat the visual disorder of patient should be dispensed by or under supervision of optometrists. (See appendix F)



D.4. OCULAR HEALTH CERTIFICATE

Optometrist has right to provide ocular health certificate to patients regarding their vision and ocular health.

D.5. RESEARCH ACTIVITIES

Optometrists can conduct different types of research; descriptive or analytical; either in the community or hospital setting.

E. SUMMARIZED SCOPE OF PRACTICE OF NEPALESE OPTOMETRISTS

1. ROUTINE EXAMINATION

- Case History
- Habitual visual acuities
- Habitual binocular vision
- Refraction
- Ocular health assessment
- Diagnosis and recommendation.

2. SUPPLEMENTARY DIAGNOSTIC PROCEDURES

- Slit Lamp Biomicroscopy (anterior and posterior ocular structures)
- Direct and indirect ophthalmoscopy
- Colour vision testing
- Corneal topography
- Cycloplegic refractive examination
- Contrast sensitivity testing
- Biometry / Visiometry/ Potential acuity measurement



- Electrodiagnostic testing
- Ultrasonography
- Exophthalmometry
- Pachymetry
- Ophthalmodynamometry
- Gonioscopy
- Intraocular pressure test
- Anterior or posterior ocular photography
- Fundus Fluorescein Angiography
- Visual field testing
- Ancillary Glaucoma testing (HRT, GDx, OCT etc)
- Binocular vision assessment
- Low vision assessment
- Contact Lens and Prostheses
- Sports vision assessment
- Visual perceptual testing (visual efficiency, visual information processing, visual motor)
- Other tests and procedures that are clinically indicated and within the scope of practice of optometrists (*see appendix E*).

3. TREATMENT SERVICES

- Spectacle treatment
- Contact lens treatment
- Vision therapy (including sports)
- Low vision
- Visual perceptual training (visual efficiency, visual information processing, visual motor)
- Anterior segment diseases treatment with the use of pharmaceutical agents (*See appendix B*).



- Monitoring ocular manifestations of systemic conditions, and referring for treatment as required (e.g. patients with diabetes).
- Pre and post surgical care (e.g. cataract or refractive surgery)
- Other procedures and Minor surgical procedures that are clinically indicated and within the scope of practice of optometrists (*see appendix E*).
- Optometrists prescribe and use oral and topical (eye drops/bointments) drugs for the treatment of ocular diseases and abnormal conditions as outlined below in appendixes (A &B).
- In situations where secondary care is not immediately available, an optometrist's skill and expertise can stabilize a patient's ocular condition. This will be done in conjunction with the primary care physician. The various conditions that require secondary care that an optometrist can provide differential diagnosis can be classified within the following categories:
 - STAT conditions (treatment started within minutes) e.g. chemical burn;
 - URGENT conditions (treatment started within hours) e.g. acute angle closure glaucoma;
 - SEMI-URGENT conditions (treatment started within/after hours) e.g. orbital cellulitis.



APPENDIX: A DIAGNOSTIC PHARMACEUTICAL AGENTS

Optometrists employ a spectrum of pharmaceutical agents in their diagnostic and therapeutic procedures that includes the following.

DIAGNOSTIC PURPOSE:

1. Cycloplegics (Atropine, Homatropine, Scopolamine, Cyclopentolate)
2. Mydriatics (Phenylephrine, tropicamide, Hydroxyamphetamine, Cocaine Dapiprazole etc)
3. Fluorescein and dyes (Rose Bengal, Lissamine Green, Indocyanine etc)
4. Topical anesthetics (Xylocaine, proparacaine etc)



APPENDIX: B PRESCRIPTION OF PHARMACEUTICAL AGENTS

B. 1 PRESCRIBING OF PHARMACEUTICAL (THERAPEUTIC) AGENTS:

Optometrists prescribe therapeutic medicine in three aspects:

- a. **Comprehensive Therapy**
- b. **Therapy & Referral**
- c. **Monitor & Maintenance Therapy**

a. COMPREHENSIVE THERAPY

This includes treatment of ocular disorders and diseases by prescribing pharmaceuticals with the expertise knowledge on ocular surface and anterior segment diseases. This treatment usually follows no referral unless and until indicated by self decision.

b. THERAPY & REFERRAL

This includes the initiation of treatment by prescribing pharmaceuticals wherever and whenever indicated and also in the emergency ocular conditions. These normally occur in secondary care conditions and follow the protocol of stat, urgent and semi urgent treatment processes. Such emergency ocular conditions are: Chemical burn, penetrating and perforating injury, acute congestive glaucoma, orbital cellulitis, Central Retinal Artery Occlusion (CRAO), Central Retinal Vein Occlusion (CRVO), Vitreous Hemorrhage, Retinal Detachment, Corneal Ulcer, Contusion, Orbital fracture, Intraocular Foreign body, Lid laceration, Conjunctival laceration, Scleral and



corneal perforation, Hyphema, Lens sub-luxation and dislocation, Iridodialysis, Iris prolapse etc.

In some jurisdiction there may be restrictions on the treatment of certain conditions such as glaucoma or posterior uveitis which may require co-management with a physician or referral to an ophthalmologist within certain time guidelines.

c. **MONITOR & MAINTENANCE THERAPY**

This includes the monitoring and maintenance of the given treatment regimen analyzing the improvement of conditions with the prescribed pharmaceuticals drugs prescribed by Ophthalmologists. This conditions include postoperative care, glaucoma, uveitis and in cases of post-strabismus surgery, post-refractive surgery etc.

B. 2 THE PHARMACEUTICALS AGENTS THAT CAN BE PRESCRIBED BY OPTOMETRISTS FOR ABOVE MENTIONED THERAPIES ARE AS FOLLOWS:

I. Antibiotics: Topical (drop/ointment) and oral

1. Bactericidal: Pencillins, cephalosporins, vancomycin, aminoglycosides, quinolones, polymyxins etc
2. Bacteriostatic: Erythromycin, tetracyclines, doxycycline, choloramphenicol, clindamycin, licomycin, clarithromycin, azithromycin, sulfonamides etc
3. Fortified antibiotics

II. Antivirals: Topical and oral

1. Idoxuridine
2. Vidarabine



3. Trifluridine
4. Acyclovir
5. Valacyclovir
6. Famciclovir

III. Antifungals: Topical and oral

1. Natamycin
2. Natacyn
3. Miconazole
4. Clotrimazole
5. Itraconazole
6. Fluconazole

IV. Hyper-osmotic agents:

1. Sodium chloride
2. Glycerin
3. Glucose
4. Mannitol

V. Analgesics, Antipyretics, non-steroidal anti-inflammatory (Oral/Topical)

1. Acetyl Salicylic Acid (Aspirin)
2. Acetaminophen
3. Nacrotics
4. Ketoprofen
5. Ketorolac
6. Ibuprofen/ Flurbiprofen
7. Paracetamol
8. Diclofenac



VI. Antiallergic: Antihistamine/ NSAID (Topical/oral)

1. Cromolyn sodium
2. Iodoxamide tromethamine
3. Emdastine difumarate
4. Levocabastine HCL
5. Olopatadine HCL
6. Oxymetazoline
7. Cetirizine
8. Chlorphenaramine
9. Fexofenamide

VII. Ocular decongestants (Topical)

1. Phenylephrine
2. Naphazoline
3. Oxymetazoline
4. Tetrahydrozoline

VIII. Corticosteroids

1. Short-acting: Cortisone acetate, Hydrocortisone
2. Intermediate- acting: Fluoromethalone, Methylprednisolone, Prednisolone, Prednisone, Triamcinolone
3. Long-acting: Betamethasone, Dexamethasone

IX. Combination steroid-antibiotics (Topical)

1. Dexamethasone 0.1% with tobramycin
2. Dexamethasone 0.1% with Chloramphenicaol
3. Dexamethasone 0.1% with neomycin
4. Prednisolone 0.6% with gentamycin 0.3%
5. Betamethasone with neomycin

X. Glaucoma Drugs

1. Parasympathomimetics; Cholinergic drugs; miotics (Pilocarpine, Carbachol etc)
2. Sympathomimetics (Adrenaline, Dipivefrine etc)
3. Adrenergic agonists (Brimonidine; Alphagan, alphagan-p etc)
4. Adrenergic antagonists (Timolol, Levobunolol, Carteolol, Betaxolol, metipranolol etc)
5. Carbonic Anhydrase Inhibitors (Acetazolamide,Methazolamide,Dorzolamide etc)
6. Prostaglandins Analogues (Latanoprost 0.005%, Travoprost, bimatoprost 0.03% etc)

XI. Ocular Lubricants

All ocular lubricants/artificial tear substitutes/surfactant can be prescribed.

XII. Vitamins, multivitamins and antioxidant preparations.



APPENDIX: C SYSTEMIC DISEASES

Any diagnosed ocular abnormality associated with systemic disease should be co-managed with other related health professionals. The diagnosed systemic diseases should be referred to general physicians/ ophthalmologists for the appropriate management. Optometrists provide appropriate counseling and monitor the conditions and also co-manage the ocular conditions. The common systemic conditions that have ocular manifestations are as follows:

- Diabetes
- Hypertension
- Albinism
- Carotid artery obstruction
- Thyroid disease
- Rheumatoid Arthritis
- Tuberculosis
- Leprosy
- Herpes Virus diseases
- HIV/AIDS
- CNS disorders
- Various Syndromes
- Different vascular diseases etc.



APPENDIX: D WRITTEN PRESCRIPTION

Optometrists provide written prescriptions on their self-decision while treating/ managing oculo-visual problems. They are authorized to write prescriptions without any counter signatures of any other health professionals for oculo-visual problems that are within the scope of Optometry practice.



APPENDIX: E OCULAR PROCEDURES

Optometrists perform various investigative and management procedures within their scope of practice. These procedures may not be routine examination but are no limited in an emergent condition or whenever indicated and guided by the experts. Optometrist can perform the following procedures with provided patient's consent, self skills, experiences, and well-equipped accessories.

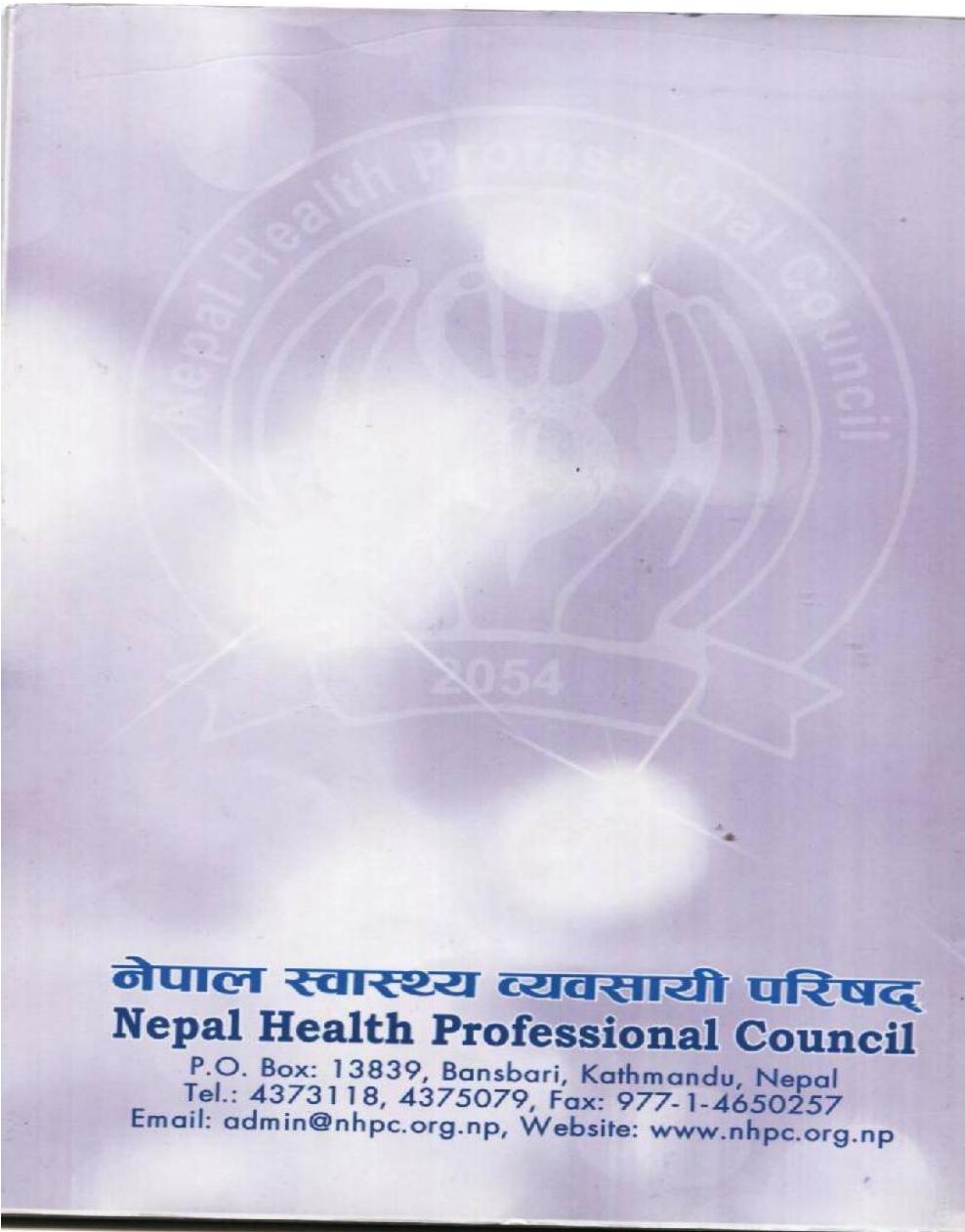
- Perform punctal dilation and insertion of punctal plugs when clinically indicated
- Syringing and probing.
- Corneal scraping and conjunctival swabs for lab investigation
- Minor lid and conjunctival surgeries.
- Removal of Conjunctival, Tarsal and corneal Foreign body



APPENDIX: F DISPENSING ASPECTS OF OPTOMETRY

Devices that should be dispensed by or under supervision of optometrists:

- Contact lens and accessories,
- Low vision devices,
- Medical frames
- Devices for Vision Therapy



**नेपाल स्वास्थ्य व्यवसायी परिषद्
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