### Webinar 3

## Slide No. 1: In this webinar we shall learn about legal issues and follow up pertaining to ROP

### Slide no. 2: Objectives:

- To know about the legal issues that can arise
- How to prevent legal problems?
- Importance of follow up

## Slide no. 3: Legal issues could arise due to -

- Poor communication
- Poor documentation
- Complications arising out of the procedure
- Lack of follow up

## Slide No. 4: Proper communication:

- The need and timing of ROP screening must be communicated to the parent by:
- 1. **Doctor**
- 2. Nurse
- 3. Ophthalmologist
- It should be explained in parent's language in easy understandable terms and their understanding should also be checked. They should be provided with the parent information leaflet.
- Phone call reminders/ linking with local doctor /health worker are also important steps to improve follow up rates

#### Slide No.5: Consent form

- A consent form before any procedure should include:
- 1. the details of nature of disease

- 2. possible side-effects
- 3. complications of the treatment
- It must be prepared in at least two languages (simple understandable terms)
- The same must be communicated verbally to the parents

## Slide No.6: Proper documentation

The discharge summary must contain:

- The findings of the first screening and the date and place for follow-up/first screening
- Advice regarding ROP screening preferably in the local language
- The case record must contain the details of the screening and treatment

As shown in the figure

### Slide No.7: Check lists

- Legal problems can be reduced by a considerable extent only through a system of multiple levels
  of checks.
- Assigning roles and responsibility to each person (screening line list, screening, treatment and follow up)

## Slide No.8: Importance of follow up

- Follow up examination should be individualized
- It depends on the severity, treatment received and regression of findings
- It is absolutely necessary that the neonate undergoes serial examinations till the retina is fully mature
- Assessment for visual acuity and squint is continued into childhood

### Slide No.9: Support system should include

- SNCU/RBSK team- Paediatrician/Follow -up nurse/Optometrist/DEO
- Trained Ophthalmologist

- Community level –ANM/ASHA/AWW
- Screening facility should made available at all SNCUs
- Treatment facility at select SNCUs
- Availability of early access to treatment
- Social and educational support

## Slide No.10: Key messages

- Screening for ROP has to be done at the right time to prevent progression to severe forms
- Multiple levels of checks and parents education will ensure follow-up thus avoiding complications and legal issues
- Linking with various health functionaries is very crucial for the success of the ROP programme

# Slide no. 11: Thank you