Eye Problem - Unspecified

History Age

- Past medical history (glaucoma d detachment)
- Medications (HTN, anticoagulant NSAIDs)
- · Trauma or exposure to chemical
- Time of injury
- Onset of symptoms
- Previous eye surgery, including L
- Contact lenses

blem of the ey	/e or pe	riorbital region, use with primary impre	ssion Traumatic Injury if a traumatic mecho
		and Symptoms	Differential
		reased or blurred vision	• Glaucoma
or retinal		ters/flashes/curtain coming down	Retinal detachment
		et moving from dark to bright	Multi-system trauma
nts, aspirin,	 Avul 		Head trauma
	Orbi	ital edema or contusion	Orbital cellulitis
als	 Defo 	ormed pupil	Chemical burn
	 Burr 	ning/pain to eye(s)	Welding burn
	• Red	eye/sclera	Corneal abrasion
LASIX	 Nau 	sea or vomiting	Conjunctivitis
	👃 • Pain	with extraocular movement	• Parasite
		Temporary, complete vision loss?	Stroke/CVA/TIA
		If suspected chemical burn,	
		immediately and continuously irrigate	
		with Normal Saline for 15 minutes	
		If impaled object, foreign body, or	
		globe rupture suspected, do not	
	E	irrigate. Do not	

Cover eye with a loose, protective dressing (eye cup), putting no pressure on the globe. Cover BOTH eyes if practical to reduce eye movement If possible, keep the patient's face upward and head of bed elevated greater than 30° Cardiac monitor Consider, IV Consider, Ondansetron For pain consider, Fentanyl Notify receiving facility. **Consider Base Hospital** for medical direction

P

remove impaled object.

Pearls

- Suspect an eye injury if any significant facial trauma.
- Normal Saline is the preferred solution for irrigation, but sterile water may be used if Normal Saline is not immediately available.
- If globe rupture is suspected (high velocity mechanism, impaled object, irregular pupil, significantly decreased vision in the acute setting), the eye should be protected from environment and NO irrigation should be administered.
- Do not remove impaled objects. Protect them from movement with a protective dressing (eye cup) and cover BOTH eyes to reduce eye movement. Explain to patient that the injured eye moves with the other eye and movement can worsen injury.
- Protect the patient from further eye injury/increases in intraocular pressure by elevating the head of the gurney, keeping the patient's face upward, consider Ondansetron for nausea.

Treatment Protocol

SAN MATEO COUNTY HEALTH EMERGENCY MEDICAL SERVICES

Adult Medical Treatment Protocols

Page i

Effective April 202