

I. General Considerations

- A. Little treatment can be given in the field for most eye emergencies. Management should be directed at protecting the eye from further harm during transport.
 - B. Irrigation of the eye, when appropriate, should be initiated immediately, even if transport is delayed. Irrigation may need to continue during transport to the hospital.
 - C. Avoid touching the eye.
 - D. Nausea and vomiting are common in patients with eye injuries.
 - E. Patients with a history of acute angle closure glaucoma should receive prompt transport as their condition may be an acute emergency.
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II. History

Perform a focused history and physical exam with particular attention to:

- A. What is the complaint?
 - 1. Is there pain?
 - 2. Is there foreign body sensation?
 - 3. Is there visual change?
 - a. What can the patient see (e.g., light, dark, objects, etc.)?
 - b. Is vision blurred?
 - c. Is there double vision?
 - d. Is there loss of vision, partial or complete?
 - 4. Was the onset gradual or sudden?
 - B. What happened? What was the patient doing?
 - 1. Is there a history of blunt trauma?
 - (a) direct? (e.g., blow to eye itself)
 - (b) indirect? (e.g., blow to head)
 - 2. Is there a history of penetrating trauma?
 - 3. Is there a history of hazardous activity? (e.g., grinding, welding, hammering)
 - 4. Was eye protection in use at the time of injury?
 - C. What treatment has been done?
 - 1. Irrigation
 - 2. Medication
 - D. Are there any associated symptoms (e.g., nausea, headache, etc.)?
 - E. Is there a history of eye problems or treatment?
 - 1. Wears glasses/contacts?
 - 2. Eye surgery?
 - 3. Glaucoma?
 - 4. Glass eye?
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III. Physical Exam

- A. Perform an initial assessment.
- B. Perform a focused history and physical exam, observing the gross appearance of the eye:
 - 1. Is there bleeding or drainage?
 - 2. Is there a visible foreign body?
 - (a) where on the eye?
 - (b) what is it?
 - 3. Is there an obvious laceration or penetration of the eye?
 - 4. Do the eyes move together from side to side/up-down?
 - 5. Note any other physical findings.
- C. Check the pupils.
 - 1. Are they round?

2. Do they react to light?
 3. Are they symmetrical?
 - D. Can the patient see light/dark? Count fingers? Read printed material?
 - E. Note any associated injuries.
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IV. Treatment**Basic****A. Trauma**

1. Penetrating injury (obvious laceration or penetration):
 - (a) do not attempt to remove an impaled object.
 - (b) place the patient in position of comfort, often supine.
 - (c) apply a soft eye pad, lightly secured with an eye shield, or a cup over the injured eye.
2. Blood in the anterior chamber (front of the eye):
 - (a) place the patient in the position of comfort, preferably semi-reclining.
 - (b) apply a soft eye pad, lightly secured with an eye shield, or a cup over the injured eye.
3. Double vision after trauma, vision loss or eye pain:
 - (a) treatment same as for penetrating injury.
4. Foreign body:
 - (a) do not attempt to remove a foreign body.
 - (b) apply a soft eye pad, lightly secured with an eye shield, or a cup over the injured eye.
5. Other:
 - (a) treatment same as for penetrating injury.

B. Chemical Exposure of Eye

1. Alkali, acid and other chemicals:
 - (a) irrigate immediately with tap water or IV solution, either LR or NS, whichever can be begun most quickly, for a minimum of 20 minutes.
 - (b) place the affected eye downward so irrigation does not run into the unaffected eye.

C. Painful or Painless Non-Trauma:

1. Transport the patient.