



8. Position and instruct the patient not to bend forward. This can increase intraocular pressure.

#### PROCEDURE STEPS

#### KEY POINTS

#### Additional Interventions

9. Facilitate referral to ophthalmologist. Apply cool packs after assessment and initial intervention.
10. Keep eye moist to prevent drying; lubricating ointment should be placed into lower lid margins prior to patching.
11. Administer tetanus as indicated; antibiotics as indicated.

#### SELECTED EYE EMERGENCIES

Hyphema - usually the result of blunt trauma, which results in tear in the iris vasculature.  
Signs and symptoms:

1. Blood in anterior chamber
2. Decreased vision and increased pain.

#### Interventions:

1. Sit patient in upright position.
2. Patch affected eye.
3. Teach eye drop usage.
4. Instruct an eye rest.
5. Refer to specialist.

#### Chemical Burns

1. Severe pain
2. Opaque cornea may be present.

#### Interventions:

1. Immediately irrigate with irrigant for 30-60 minutes with Morgan lens until pH is 7.0.
2. Assist with removal of any foreign objects.
3. Check pH of eyes.
4. Instill prescribed topical anesthesia to diminish pain and increase ease of irrigation as ordered.
5. Instill prescribed antibiotics or cycloplegic drops as ordered.
6. Patch as indicated.

#### Corneal Abrasion

1. Pain and tearing.
2. Excessive blinking.
3. Sensitivity to light.

#### Interventions:

1. Assist with eye exam. A cotton applicator or saline rinsing may be used to remove foreign body.
2. Instruct on antibiotic ointment/drops instillation.
3. Instruct on pain medication usage.
4. Instruction on eye rest.
5. Provide eye specialist follow-up as needed.

#### References:

Children's Hospital of Philadelphia  
Lippincott Manual of Nursing Practice, 8<sup>th</sup> Edition.