Section:	Division of N	ursing	******	Index:	7010.021b	
Approval:			* PROTOCOL * **************	Page: Issue Date: Revised Date:	1 of 2 June 25, 1990 August 2007	
HACKETTSTOWN REGIONAL MEDICAL CENTER						
	M. Piegaro, F					
Reviewed by: R. Puma, RN <u>ED</u> (Scope)						
TITLE:	TLE: EYE TRAUMA CARE PROTOCOL					
PURPOSE:	То	outline the nurs	ing care of the ED patient with eye trauma.			
LEVEL:		Dependent _	Interdependent Independent			
SUPPORTIN	/E DATA:					
TRIAGE:	1. 2. 3.	chemical bur Urgent: seve	udden loss of vision, injected object, severe ns ere lid laceration, blurred or double vision, gla soft tissue edema, ecchymosis without visio	aucoma with history of	-	
HISTORY:	1. 2. 3. 4. 5.	Was patient was the fore Does the pati		ear glasses or contact	t lenses? Lenses	
CONTENT:	<u>PR</u>	OCEDURE ST	EPS: KEY	POINTS:		
Assessment	1.		edema, laceration, gross foreign nt blinking - PERRLA.			
Diagnostic Procedures	2.		ssible radiographic foreign body I fracture of orbits and facial			
	3.	Visual acuity each eye sep	with/without glasses. Document parately.			
	4.	Fluorescein s	tain; slit lamp exam, tonometer.			
Intervention: Critical/Visio Saving		to prevent ex adequate ass	bed topical anesthesia (Alcaine) cessive blinking, to facilitate sessment, and to decrease Do not use if chemical burn.			
	6.	Immobilize pe	enetrating object.			
	7.		ooth eyes to prevent eye motion, and injury. This should not be a ch.			

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

## PROCEDURE STEPS

### **KEY POINTS**

# Additional Interventions

- Facilitate referral to ophthalmologist. Apply cool packs after assessment and initial intervention.
- 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

<u>Hyphema</u> - 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**

- 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

- Pain and tearing.
- 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.