



Eye Injury Management

To define assessment, treatment, and management of eye injuries

1. As part of the secondary survey assess:
 - a. Pain
 - b. Visual acuity
 - c. Photophobia
 - d. Hx of thermal/physical/chemical injury
 - e. Hx of corrective lens use
 - f. Previous visual acuity
 - g. Eye medications
2. Physically examine
 - a. Eyes
 - i. Gross visual acuity
 - ii. Pupils
 - iii. Range of motion
 - iv. Anterior chamber
 - v. Conjunctiva
 - vi. Globe
 - vii. Retina
 - viii. Papilledema
 - b. Lids
 - i. Laceration
 - ii. Ecchymosis
 - iii. Edema
 - c. Orbits
 - i. Symmetry
 - ii. Crepitus or instability
 - d. Cornea
 - i. Apply fluorescein with topical anesthetic
 - ii. Examine with ultraviolet light
3. Early intervention
 - a. Chemical burns
 - i. Copiously irrigate eye with minimum of 1000 ml of warm saline

- b. Corneal Injury
 - i. Apply topical anesthetic
 - ii. Apply antibiotic ointment
 - iii. Apply eye patch
- c. Eyelid injury
 - i. Suture superficial laceration with non-absorbable nylon
 - ii. Consider plastics/ophthalmology consult
- d. Foreign body or material on eye surface
 - i. Irrigate the eye gently with normal saline
 - ii. If over sclera, attempt to retrieve with cotton tipped applicator

CONSULT OPHTHALMOLOGY FOR THE FOLLOWING:

1. Disrupted globe
2. Retrobulbar hematoma
3. Unequal pupils without central injury
4. Ovoid or notched pupils
5. Lack of full extraocular motion
6. Hyphema
7. Complex eyelid laceration
8. Marked change in visual acuity
9. Foreign body not easily removed