

EYE INJURIES

- A. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
- B. Penetrating trauma to globe:
1. Observe for bleeding and leakage of iris material or clear fluid.
 2. Do not palpate globe or apply any pressure to the eye.
 3. Shield injured eye and patch the non-injured eye.
 4. Stabilize impaled objects in place.
 5. Avoid unnecessary movement. Advise patient not to cough, sneeze, or move.
- C. Ultraviolet light exposure (i.e., arc welder or sun lamp burns):
1. Symptoms may be delayed 3 - 10 hours after exposure.
 2. Place cool compresses lightly over both eye lids.
- D. Sudden, painless loss of vision:
1. May be due to central retinal artery occlusion, stroke, or other embolic event.
 2. Administer oxygen 2 – 6 LPM via nasal cannula.
 3. Transport supine.
- E. Foreign Bodies in the eye that require irrigation:
1. Administer **Tetracaine (optional)**, 2 drops per eye being irrigated.
 2. Attached saline bag to IV tubing.
 3. Turn patients head injured eye down and flush continuously throughout transport.

NOTE: Tetracaine is a single use medication. Repeated doses will predispose the cornea to ulceration and destruction of the superficial layer of the cornea.

- F. Transport and continue treatment en route.

- G. Contact **Medical Command** for further treatment options.

