

CMG 20 – EYE EMERGENCIES

(Revised: July 2015)



GENERAL TREATMENT FOR AN EYE EMERGENCY

Avoid any stimulus that may increase intraocular pressure:

ICP	Posture supine with 30° head elevation (if other injuries allow)	AP
ICP	Administer antiemetic early (ondansetron is preferred due to reduced risk of extrapyramidal side effects)	AP
ICP	Provide adequate analgesia	AP
ICP	Avoid over-infusion of IV fluids	AP

TRAUMA

ICP	Assume that all eye trauma has a ruptured globe until proven otherwise	AP
ICP	Protect the eye from any pressure	AP
ICP	Control haemorrhage with pressure around the eye and eyelids, but not on the eyeball itself	AP
ICP	Cover either the injured eye alone, or both eyes, based on patient presentation and acceptance	AP
ICP	Do not remove penetrating foreign bodies (protect with a raised shield – e.g. plastic cup taped over the eye)	AP
ICP	If the eyeball is extruded, do not push it back into the socket (support with a saline moistened dressing taped in place)	AP

continues over

CMG 20 (cont.) – EYE EMERGENCIES



CHEMICAL BURNS

ICP	Irrigate immediately with copious quantities of water or saline for <i>at least</i> thirty minutes <ul style="list-style-type: none"> • the eyelids must be pulled apart to ensure the fluid washes completely over the eye • consider everting the eyelid for better access • ask the patient to look in all directions during irrigation to wash entire surface of eye • DO NOT DELAY TRANSPORT – continue irrigation throughout transport 	AP
ICP	Remove contact lenses as soon as possible	AP
ICP	Remove particulate matter from eye, but do not delay irrigation to do so	AP

FLASH BURNS

ICP	Flushing eyes with cool water, or use of an ice pack may help with pain	AP
ICP	If photophobic, dressing or covering the eyes may help	AP

FOREIGN BODIES IN CORNEA

ICP	Consider attempting to flush out debris with saline, but do not make other attempts to lift/scrape debris	AP
ICP	Protect the eye from any pressure	AP