Acute Eye Injuries

Effective: 11/01/2022
Supersedes: N/A

Referenced Procedures: None

Goals for Patient Care:

- Patient comfort during transport
- Patient clinical stability

Medications:

MEDICATION	ADULT	PEDIATRIC (Refer to Handtevy)
FENTANYL	• 25-100mcg IV/IO Slow Push, IM/IN (Titrate, may repeat 5-10 min)	• 1 mcg/kg, up to 100mcg. IV/IO Slow Push, IM/IN (Titrate, may repeat 5-10 min)
	TOTAL MAX DOSE: 400mcg	**TOTAL MAX DOSE: 400mcg**
TETRACAINE	• 2 drops in the affected eye repeat after 20 minutes as needed	• 1-2 drops in affected eye repeat after 20 min as needed *Contraindicated less than 1*
NORMAL SALINE	• 500mL per eye flushed through Morgan Lens	• 20 ml/kg per eye flushed through Morgan lens

FOR FOREIGN SUBSTANCE TO THE EYES THAT IS NON-PENETRATING:

- Administer Tetracaine
  - DO NOT allow the patient to rub their eyes after they have been anesthetized
- Irrigate affected eyes using Morgan lens after eye has been anesthetized, irrigate with 500mL NS per eye

FOR FOREIGN SUBSTANCE TO THE EYES THAT IS PENETRATING

- Secure object if unstable. Do not remove the object
- Don't administer any ocular medications (Tetracaine, NS flush via Morgan Lens)
- Consider IV analgesia

FOR CHEMICAL BURNS TO THE EYES

- Each affected eye should be irrigated using a minimum of 500mL NS.
- ALKALINE burns should receive continuous irrigation throughout transport

"WELDER'S" OR "SUN LAMP" BURNS

- Patients exposed to ultraviolet light may suffer from corneal burns which are extremely painful
- Administer Tetracaine
- Consider IV access and IV analgesia

Considerations

Considerations for crews on scene prior to ambulance arrival

- DO NOT REMOVE PENETRATING OBJECT
- Limit movement of eye/object
- For foreign body that is not penetrating, flush eye if able
- Prevent patient from rubbing eyes
- Cover with wet cloth, etc.
- Keep patient calm
- If chemical or foreign substance related, determine what chemical or substance