

EYE PAIN
--Chemical Burn of the Eye
--Foreign Body on Eye (Non-Penetrating)
--Corneal Abrasion
 Level II
 (No Level I)

SKILL LEVEL: RN

DEFINITION: A condition in which dirt, chemicals, metal particles, insects or other small objects are lodged on the cornea, sclera or conjunctiva. These foreign bodies are usually superficial and non-penetrating; if not removed quickly however, corneal abrasion, infection or penetration of the eyeball may result. Foreign objects (like fingers) may cause a corneal abrasion and no longer be present. Exam is still important.

<p>Subjective:</p> <ul style="list-style-type: none"> • Pain, especially with ocular movement. Diminished vision. Possible headache. • "Chemicals splashed in my eye(s)." • "I got something in my eye." • "I have a flash burn." • "I was welding and now my eye hurts." 	<p>Assessment:</p> <ul style="list-style-type: none"> • Alteration in comfort: • Eye injury due to foreign body on eye, corneal abrasion, corneal ulceration, chemical or other burn.
<p>Objective:</p> <ul style="list-style-type: none"> • Lacrimation (Tearing). Excessive blinking/ eye spasms. Conjunctival inflammation. Conjunctival swelling. Visible foreign body on cornea, sclera or conjunctiva. • No penetrating Foreign Body. 	<p>Plan:</p> <p>Ask Patient about any allergies to medications.</p> <ul style="list-style-type: none"> • Instill Ophthaine 0.5% one drop in the affected eye for effective exam and pain relief. • If foreign body suspected, gently evert the eyelid(s) to visualize foreign body and remove with sterile cotton swab moistened with saline if possible. • If foreign body suspected, but not seen, may flush affected eye with copious amounts of water medially to laterally. May use normal saline, plain water, or eyewash solution, depending on availability.

EYE PAIN-Foreign Body on Eye/Corneal Abrasion (Non-Penetrating)

	<p>Plan (Cont.)</p> <ul style="list-style-type: none">• Stain affected eye with sterile fluorescein to better visualize possible abrasions. Denuded areas will stain green. Note: read package insert for instructions.• Call poison control center (1-800-222-1222) if chemical toxin has splashed in the eye. (Have MSDS from institution handy if possible for known toxins.) Alkaline burns can be very damaging and will frequently require urgent transport to hospital for further treatment.• If history of chemical burn, flush affected eye with copious amounts of water medially to laterally. May use normal saline, plain water, or eyewash solution, depending on availability.• Test visual acuity after irrigation and/or foreign body removal.• If unable to remove a known Foreign Body, stop and refer patient to on-site Practitioner.• If practitioner not available, send patient with persistent foreign body to Emergency Room or other appropriate off-site facility for removal.• If Corneal Abrasion present, instill Sodium Sulamyd 10%, or Tobrex ophthalmic suspension 2 drops TID to QID in affected eye x 5 days.• May place eye patch for 12-24 hours for comfort.• Evaluate tetanus status and give tetanus shot if indicated.• Schedule followup exam in 24 hours.• If symptoms of pain are still present after 24 hours, refer to practitioner for evaluation asap, or call practitioner.
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EYE PAIN-Foreign Body on Eye/Corneal Abrasion (Non-Penetrating)

Nursing Education:

1. Place Opthaine drop on fluorescein strip for installation.
2. The purpose of an eye patch in this situation is to reduce eyelid blinking with minimal pressure. Do not insist on an eye patch as its use is purely for patient comfort.
3. The following conditions need immediate referral to a practitioner (emergency facility if on-site practitioner is not available):
 - a. Hyphema (blood in anterior chamber of the eye).
 - b. Severe unexplained eye pain (simple conjunctivitis is usually not painful).
 - c. Foreign Body of eyeball (see emergency protocol)

Patient Teaching:

1. Explain that eye pain is related to foreign body, and should subside after object is removed. If there is a corneal abrasion from the foreign body, pain can persist for 24-48 hours after it is removed.
2. Instruct patient to avoid rubbing eyes.
3. Describe those symptoms that should be reported to the nurse i.e., persistent pain, inflammation, tearing or visual disturbances.
4. Advise protective eye wear in needed situations, e.g., grinding, drilling, hammering, etc.

Follow-up: If untoward symptoms persist or eye infection is suspected, refer to on site Medical Provider or Emergency Room.


APPROVED:

Health Services Manager

Date

Chief Medical Officer

Date



Medical Director

5/14/09

Date

Effective Date , _____

Revised: January 2009