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**
ICP	Caution in oral medication administration, avoid oral intake if possible	**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 - EYE EMERGENCIES cont.

(Revised: June 2021)

CHEMICAL BURNS		
ICP	Irrigate immediately with copious quantities of water or saline (preferred) for *at least* thirty minutes; • 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, irrigation until review by a doctor is preferred.	**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	Do not make attempts to lift/scrape debris	**AP**
ICP	Protect the eye from any pressure	**AP**