Approved 11/9/16, Effective 2/1/17, replaces all prior versions

10B - EYE INJURY ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Vital signs
2. Eye injury specified care
3. Appropriate trauma care destination selection
4. Analgesia (if required)

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD

DO NOT MOVE THE PATIENT UNLESS IN DANGER
STABILIZE HEAD AND NECK IN POSITION FOUND
OPEN AIRWAY IF NOT ALERT & INEFFECTIVE BREATHING
CONTROL BLEEDING ONLY IF SERIOUS
DO NOT ATTEMPT TO SPLINT INJURIES

EMR / EMT

TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE
OBTAIN VITAL SIGNS

BLUNT INJURY/EVISCERATION/LACERATION:
COVER INJURED EYE WITH STERILE, SALINE DAMPENED DRESSING. AVOID DIRECT CONTACT OR PRESSURE ON THE EYEBALL

PENETRATING INJURY/IMPALED OBJECT:
STABILIZE IMPALED OBJECT
COVER INJURED EYE WITH STERILE, SALINE DAMPENED DRESSING. AVOID DIRECT CONTACT OR PRESSURE ON THE EYEBALL

CHEMICAL INJURY:
IF EYEBALL IS INTACT, SOFT IRRIGATION WITH STERILE SALINE OR WATER

ALL EYE INJURIES:
COVER UNINJURED EYE WITH STERILE, SALINE/STERILE WATER DAMPENED DRESSING TO REDUCE STRAIN / CONSENSUAL EYE MOVEMENT

EMT-I85 / AEMT

IV ACCESS

PARAMEDIC

EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S)

ANALGESIA (IF REQUIRED)
FOR OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (70 + 2x age in years) mmHg

ADULT: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.
OR
ADULT: MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.
OR
ADULT: HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.

PEDIATRIC: OLMCP ORDER ONLY

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)