

Institution: _____ **Encounter Form: Eye Injury / Irritation**

Name: _____ CDCR# _____ DOB _____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief complaint (document in the patient's own words): _____

Which eye is affected: Left Right Both

Date and time of onset: _____

Assess for: Foreign body sensation Photophobia

Assess for pain and rate on a scale of 0-10

(0=no pain 10=worst pain): _____

What makes the pain better? _____

What makes the pain worse? _____

Assess for accompanying symptoms:

Nausea Vomiting Sinus pain

History of: Seasonal allergies Sinusitis

Conjunctivitis Corneal foreign body

Chemical exposure: (name of the chemical) _____

Past medical history: Glaucoma Diabetes

Previous eye problems

Allergies: _____

Current medications: _____

OBJECTIVE:

VS: Temp _____ Pulse _____ Resp _____ B/P _____

Visual Acuity:(Snellen eye chart) with corrective lens, if worn: Right _____ Left _____

If vision is extremely blurred assess visual acuity in terms of ability to count fingers, perceive hand movements, or detect light. (Notify the physician of any changes in sensory/perception, or visual acuity).

NOTE: For chemical burns irrigate the eye IMMEDIATELY. Then test visual acuity.

Right eye: Foreign body Redness Edema

Bleeding Tearing Photophobia

Discharge Bruising No abnormalities

Left eye: Foreign Body Redness Edema

Bleeding Tearing Photophobia

Discharge Bruising No abnormalities

Eyelash line or surface of eyelid:

Nodules Erythema Edema

Conjunctiva: Erythema Bleeding Discharge

Bruising Profuse tearing Foreign body

Cornea: Clarity Injury Foreign body

Photophobia No abnormalities

Observed injury: (Indicate eye; describe) _____

Anterior Chamber: Clear Bloody Other fluid:

(describe) _____

Pupils: Roundness PERRL Symmetry

Contralateral pupil

abnormality: (describe) _____

Sinus Pain: _____

ASSESSMENT:

Impaired tissue integrity as evidenced by/related to: _____

Alteration in sensory/perception, visual, evidenced by/related to: _____

PLAN:

MD referral completed: (circle) NO / YES If yes:

STAT (For photophobia, change in visual acuity, diplopia, dysconjugate gaze, irregularity or asymmetry of the pupil, limitation of eye movement, blood or cloudy fluid in the anterior chamber, evidence of corneal injury or foreign body refer the patient to a physician STAT for immediate evaluation.)

Urgent Routine

Orders received by phone from the Physician-on-call.

Physician called (name/time) _____

Physician responded (time) _____

Blunt injury or contusion

Notify the physician **STAT**.

Keep the patient in an upright position.

Protect the affected eye with a shield until the physician examines the patient.

DO NOT APPLY COMPRESSES OR PATCHES.

Chemical burns (bleach, ammonia, etc.)

Immediately irrigate the affected eye with two liters of sterile normal saline or water for at least 15 minutes. May instill 2 drops of topical anesthetic (such as Proparacaine 0.5% Ophthalmic Solution) if necessary to relieve pain and facilitate irrigation. Avoid self- contamination with the chemical.

Assess visual acuity.

If symptoms persist following irrigation, or there is a change in visual acuity, or a topical anesthetic was used, refer the patient to a physician for evaluation before discharging from treatment.

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Foreign bodies

If a foreign body appears on the cornea or penetrates the globe do not attempt to remove. Instead notify the physician STAT.

- If the foreign body is not seen on the conjunctiva invert upper eyelid using a sterile cotton-tipped applicator to check for the foreign body, gently irrigate eye with Sodium Chloride Irrigation Solution (0.9%) to dislodge.
- If sensation of the foreign body persists attempt to remove with a sterile moistened cotton-tipped applicator.
- If no foreign body can be seen, but the patient complains that the sensation of the foreign body persists, refer the patient to a physician **STAT**.

Perforating or penetrating injuries to the eyeball

- Notify the physician **STAT**.
- DO NOT** attempt to remove the object or irrigate the eye. Protect the affected eye with a firm shield until the physician examines the patient.

Eyelid laceration

- Notify the physician **STAT**.
- Gently cleanse laceration with sterile saline-soaked gauze.
- Cover laceration with saline-soaked sterile gauze to prevent wound from drying out.
- Administer tetanus prophylaxis per Tetanus Immunization Guidelines if indicated.

Hordeolum

- Instruct the patient to apply warm compresses to the affected eye for 15 minutes QID.
- Instruct the patient to return to the clinic in 3 days if there is no improvement.

Red, irritated eyes

- If the red, irritated eye is the result of a superficial conjunctival foreign body that has been removed, no further intervention is indicated.
- If the red, irritated eye is related to seasonal allergies, or if the patient has had similar symptoms in the past that were relieved with allergy drops, administer Naphcon A (pheniramine/naphazoline) Ophthalmic Solution 0.3%/0.025% 1-2 drops to the affected eye up to QID PRN pain for a MAXIMUM of 3 days.
- All other complaints concerning red, irritated eyes shall be referred to a physician on a **STAT, Urgent,** or **Routine** basis as indicated.

Itchy, irritated eyes

- If the itchy, irritated eye is related to seasonal allergies, or if the patient has had similar symptoms in the past that were relieved with allergy drops, administer Ketotifen 0.025% Ophthalmic Solution 1 drop to affected eye BID
- All other complaints concerning itchy, irritated eyes shall be referred to a physician on a **STAT, Urgent,** or **Routine** basis as indicated.

EDUCATION:

- Assess the patient's potential for understanding the health information to be provided.
- Provide patient education consistent with the assessment of the condition.
- Evaluate the patient's level of understanding and document all patient education in the health record.
- Refer patient to other resources as needed. Document all referrals in the health record.
- Resubmit a CDC 7362, Health Care Services Request Form if: symptoms persist; deteriorates, or there is a change in visual acuity or pain; increased redness; swelling; or

Patient Health Care Education Forms given to the patient: (specify) _____

Patient verbalized understanding of instructions.

DISPOSITION

Time released: _____

Condition on release: _____

- Returned to housing unit
- Housing reassignment to: _____
- Referred for follow-up
 - Physician clinic
 - RN clinic
- Referred to higher level of care: (specify) _____

Person/time contacted: _____

Time/Mode of transfer: _____

Ambulance contacted (time) _____

Ambulance arrived (time) _____

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Additional comments: _____

List name(s) of RN Protocol(s) used: _____

Signature / Title

1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached <small>*See chrono/notes</small>
4. Comments: _____		