



<h1>Eye Injuries</h1> <h2>Trauma</h2>
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Austin County EMS Protocol & Guideline	
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Overview: Eye emergencies need to be assessed carefully for immediate threat to sight, potential threat to sight and not threatening to sight. Any immediate or potential threats to sight require a level 1 trauma facility.

Definition: Any patient presenting with a complaint of acute deterioration of vision either medical or traumatic in origin.

EMT

- Airway/Oxygen appropriate for condition
- Spinal Motion Restriction as needed
- **Irrigation:** PRN to patient condition
- **Bandage:** PRN to patient condition (Cover both eye)
- **Tetracaine 0.5%:** 1 – 2 Drops - May repeat PRN; max of 3 doses – Globe has to be intact

AEMT

- Establish IV / IO of **Normal Saline** as needed
- **Ondansetron** 4 mgs IV – May repeat once
- **Diphenhydramine** 25-50 mg IV – 12.5 IM, **Max** dose 50 mgs - Use half dose in elderly patients

Paramedic

Moderate to Severe Pain

- **Morphine** 2-10mg IV/IO; repeat PRN: Max dose of 20 mgs
- **Fentanyl** 1-2 mcg/kg IV/IO/IN; repeat PRN: Max total dose 400 mcg

Severe Pain

- **Ketamine** 0.1-0.25 mg/kg IV/IO **OR** 0.5 -1 mg/kg IM: may repeat every 10 minutes as needed

***** Consider Transport to a Level 1 Trauma Center*****

PEARLS

- Establishing a baseline of vision status is important in trending for the crew and hospital staff to help identify patient’s vision status and developing a care plan.
- Orbital fractures raise concern of globe or nerve injury and need repeated assessments of visual status.
- Normal visual acuity can be present even with severe eye injury.
- If the eye should become dislodged from the socket, cover with a saline moistened gauze. Cover the unaffected eye and elevate the head of the bed by 30 degrees.
- In an object is impaled in the eye, do not remove it. Stabilize the object and cover the unaffected eye. Elevate the head of the bed by 30 degrees.
- Remove contact lenses whenever possible.
- Only opiate-based analgesics should be used for pain management. Avoid use of Ketorolac or other NSAIDs due to their platelet-inhibiting properties.
- Do all possible to prevent the patient from vomiting due to the increase in intraocular pressure. Consider the use of Ondansetron.