

Eden Aldrich, RN

STANDING ORDER

EYE PROBLEMS

I. ASSESSMENT

- A. Assess for inflammation, drainage, foreign body, laceration, ruptured blood vessel, or visual disturbances.

II. MANAGEMENT

- A. Lacerations, non-removable foreign body, or penetrating injuries will be transported to the emergency room.
1. Cover both eyes to reduce ocular movement and further injury with patch or sterile 4 x 4 before transport.
 2. To extract foreign bodies, flush eye with sterile normal saline or first aid eye wash. Evert the lower conjunctival sac, instruct the patient to look up, allow irrigating fluid to flow from the inner canthus to the outer canthus along the conjunctival sac.
- B. For inflamed eye with drainage, schedule patient to see Provider at earliest availability. Educate inmate on good hand hygiene, avoid touching eye, and use of warm compresses multiple times a day as needed for comfort.
- C. For irritated, dry, reddened eye with no drainage, Patient may use sterile artificial tears, two drops per eye QID and PRN. Inmate is able to keep on person if RN deems appropriate.
- D. For chemicals in the eye, flush with water (from faucet) continuously for 15 minutes. Refer to MDS for instructions, then call Poison Control 1-800-222-1222, or transport to SCMC ER for follow up – if necessary.

III. EVALUATION

- A. If irritation persists after treatment, reassess eye and call the Facility Provider for instructions.