#### THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY PROTOCOLS

## **Eye Injuries (Adult and Pediatric)**

### **CFR AND ALL PROVIDER LEVELS**

- 1. ABCs and vital signs.
- 2. Airway management, and appropriate oxygen therapy.
- 3. **DO NOT** apply pressure to the globe of the eye.
- 4. Bandage both eyes loosely.
- 5. Special Considerations:
  - a. Non-penetrating Foreign Object / Chemical Eye Injury:
    - i. Immediately and continuously flush the affected eye(s) with Normal Saline (0.9% NS) for a minimum of 20 minutes.
  - b. Impaled Object:
    - **i.** Stabilize (or limit movement of) any object lodged in the eye, and cover both eyes to prevent consensual movement.
  - c. Avulsed Eye:
    - i. DO NOT attempt to replace the eye back into the socket.
    - ii. Wrap the eye with saline-moistened, sterile dressings.
    - iii. Stabilize this with a paper cup or similar object.

## CFR STOP

#### **EMT**

- 6. Remove contact lens(es), if possible.
- 7. Special Considerations:
  - a. Non-penetrating Foreign Object:
    - i. Continue flushing the affected eye(s) enroute to the hospital.
- 8. Transport.

# EMT STOP

#### **Paramedic**

- 9. Special Considerations:
  - a. Non-penetrating Foreign Object / Chemical Eye Injury (Adult and Pediatric):
    - i. If the patient is agitated or unable to hold eyelid open; instill one of the following treatments. 1-2 gtts per eye, topically, into the affected eye(s) to facilitate irrigation. 1-2 gtts per eye, topically, into the affected eye(s) may be repeated once if needed:
      - 1. Proparacaine HCl 0.5% solution.
      - 2. Tetracaine HCl 0.5% solution.
- Paramedic STOP

Regional Emergency Medical Adv	visory Committee of New York City
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