California Correctional Health Care Services

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

Name:_____ CDC#_____ 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 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 physician of any changes in sensory/perception, or visual acuity).

NOTE: For chemical burns irrigate 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, related to/ evidenced by: _____

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 PATIENT TO A PHYSICIAN STAT FOR IMMEDIATE EVALUATION**)

❑ Urgent ❑ Routine

❑ Orders received by phone from POC.

Physician called (name / time) _____

Physician responded (time) _____

Blunt injury or contusion

❑ Notify physician **STAT**.

❑ Keep the patient in an upright position.

❑ Protect the affected eye with a shield until physician examines the patient. **DO NOT APPLY COMPRESSES OR PATCH.**

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 Proparicaine 0.5% Opth. Soln.) 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 patient to a physician for evaluation before discharging from treatment.

_____
Signature / Title

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Foreign bodies

IF FOREIGN BODY APPEARS ON THE CORNEA OR PENETRATES THE GLOBE DO NOT ATTEMPT TO REMOVE. INSTEAD NOTIFY PHYSICIAN STAT.

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

Perforating or penetrating injuries to the eyeball

- ❑ Notify physician **STAT**.
- ❑ **DO NOT** attempt to remove the object or irrigate the eye. Protect affected eye with a firm shield until 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 patient to apply warm compresses to affected eye for 15 minutes QID.
- ❑ Instruct the patient to return to clinic in 3 days if there is no improvement.

Red, irritated eyes

- ❑ If 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 0.025% 1-2 gtts to affected eye Q3-4hrs PRN pain while symptoms persist
- ❑ All other complaints concerning red, irritated eyes shall be referred to a physician on a **STAT, Urgent**, or **Routine** basis as indicated.

EDUCATION:

- ❑ Assess 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 on the encounter form or progress note.
- ❑ Refer patient to other resources as needed. Document all referrals on the nursing protocol encounter form.
- ❑ Resubmit Health Care Service Request Form (CDC 7362) 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 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: _____

ERV contacted (time) _____

ERV arrived (time) _____

_____

Signature / Title

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Additional Comments: _____

List name(s) of RN Protocols used: _____

_____

Signature / Title

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

4. Comments: _____