

EYE-FOREIGN BODY

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ Right eye Left eye Both eyes Type of foreign body: (If known) _____

Exposure to allergens/chemicals (type) _____

Glasses Contact lens

Associated Symptoms:

Itching Burning Tearing Unable to tear Blurred vision Seeing spots Photo sensitivity

Pain scale (0-10) _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Visual	Pupils	Eyes	Appearance
OS _____	<input type="checkbox"/> Equal	<input type="checkbox"/> Redness	<input type="checkbox"/> No distress
OD _____	<input type="checkbox"/> Unequal	<input type="checkbox"/> Inflamed	<input type="checkbox"/> Mild distress
OU _____	<input type="checkbox"/> PERRLA	<input type="checkbox"/> Edema	<input type="checkbox"/> Moderate distress
			<input type="checkbox"/> Severe distress

Discharge (Color/amount): _____

EYE EMERGENCY: IMMEDIATE EMERGENCY CARE AND TRANSFER WITHOUT DELAY AND CONTACT HEALTH CARE PROVIDER:

Imbedded object or Penetrating injuries

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: *Health care provider must be called if not on site or if after clinic hours.*

Sudden change in visual acuity

Foreign body not easily removed

Continued pain after removal of foreign body

Any eye complaint not readily associated with foreign body

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

Check in assessment only for health care providers visit.

Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation.

Rinse eye at eye wash station or with optometric normal saline. Notify Health Care Provider/RN if ineffective.

If object moves and it appears that it can be removed easily, remove object by sweeping inner aspect of upper lid with lower lashes or with moist cotton tipped applicator.

Re-check and document appearance and visual acuity.

If suspected corneal abrasion use fluorescein paper (**Note: only nurses with documented training on fluorescein paper may perform this procedure**)

Artificial tears instill 2 drops in affected eye 4 times a day for 7 days PRN for relief of burning and dryness.

Eye patch for comfort.

Education/Intervention: Instructed not rub/touch eyes, s/s of infection, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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