

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
EYE IRRITATION

MSRM 140117.01.3.3
(R-2/20)

(example – conjunctivitis / sty, flash burn)

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ New Chronic Right eye Left eye Both eyes

Exposure to allergens/chemicals/flash burn

Glasses Contact lens

Associated Symptoms:

Itching Burning Tearing Unable to tear Blurred vision Seeing spots

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): _____

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
- Exudate is present
- Persists past 24 hours or worsens
- Foreign body is suspected

REFER TO HEALTH CARE PROVIDER IF: *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

- Chronic problem exists or occurs

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. Assessment completed.
 - Discontinue use of contact lenses
 - Compresses moist
 - Remove purulent material and debris (may require irrigation with optometric normal saline)
 - Eye patch for comfort
 - Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN
- OR**
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN
 - Artificial tears instill 2 drops four times a day for 7 days PRN in affected eye for relief of burning and dryness.
 - Education/Intervention: Instructed not to rub eyes, cleanse one eye at a time with new cloth to avoid cross contamination, wash hands with hot water and soap after touching infected eyes, follow-up sick call if no improvement within 24 hours. 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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