1. Assess airway and initiate basic and/or advanced airway maneuvers prn (MCG 1302)

2. Assess for additional signs of trauma
   If traumatic injury suspected, treat in conjunction with TP 1244, Traumatic Injury

3. If penetrating globe injury present/suspected, shield the eye and position patient at 45 degrees ❶
   Do not put any pressure on the eye

4. Do not remove any impaled foreign bodies from eye; secure them in place

5. If contacts lenses are present and the patient is unable to remove them, leave in place

6. Establish vascular access prn (MCG 1375)

7. Burns to eye:
   Chemical Burn – Irrigate with Normal Saline 1L
   Thermal Burn – Cover with dry dressing
   Treat in conjunction with TP 1220, Burns

8. For eye pain: (MCG 1345)
   Fentanyl 50mcg (1mL) slow IV push or IM/IN
   Repeat every 5 min prn, maximum total dose prior to Base contact 200mcg
   Morphine 4mg (1mL) slow IV push
   Repeat every 5 min prn, maximum total dose prior to Base contact 12mg

   CONTACT BASE for additional pain management after maximum dose administered:
   May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg

9. For nausea or vomiting:
   Ondansetron 4mg ODT/IV/IM, may repeat x1 in 15 min prn
SPECIAL CONSIDERATIONS

1. Consider a penetrating globe injury with any eye trauma, especially penetrating trauma, large subconjunctival hemorrhage, abnormal shaped pupil or iris, or the appearance of fluid or tissue coming from the eye.