Base Hospital Contact: Required for suspected penetrating globe injury.

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
   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 pm, maximum total dose prior to Base contact 200mcg
   **Morphine 4mg (1mL) slow IV push**
   Repeat every 5 min pm, 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 pm
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.