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-P, 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-P, Burns*

8. For eye pain: *(MCG 1345)*
   - **Fentanyl (50mcg/mL) 1mcg/kg slow IV push or IM**, dose per *MCG 1309* or
   - **Fentanyl (50mcg/mL) 1.5mcg/kg IN**, dose per *MCG 1309*
   Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact
   - **Morphine (4mg/mL) 0.1mg/kg slow IV push**, dose per *MCG 1309*
   Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact

   **CONTACT BASE** for additional pain management after maximum dose administered:
   May repeat Fentanyl or Morphine as above maximum 4 total doses

9. For nausea or vomiting in patients ≥ 4 years old:
   **Ondansetron 4mg ODT**
SPECIAL CONSIDERATIONS

❶ 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.