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 \(TP\ 1244-P, \ Traumatic\ Injury\)

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 \textbf{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

   \textbf{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 \(\geq\) 4 years old:
   \textbf{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.