

EYE INJURY

STUDENT NAME: _____

WHEN, WHERE, HOW INJURY OCCURRED, COMPLAINTS REGARDING PAIN AND FUNCTION

TIME OF INCIDENT: _____

DATE: _____

ARRIVAL TIME IN HEALTH OFFICE: _____

DEPARTURE TIME AND DISPOSITION: _____

SIGNATURE: _____

REPORT OF CUT OR BLOW TO EYE

ASSESS SIGNS & SYMPTOMS

Eye injured. BOTH RIGHT LEFT
 Without touching, inspect eye.
 Appears cut or ruptured? YES NO
 Shape of eyeball "squashed" or abnormal? YES NO
 Iris cloudy or bloody? YES NO
 Blood over sclera? YES NO
 Pupil abnormal shape? YES NO
 Sharp object imbedded in eye? YES NO
 Eyelid cut or lacerated? YES NO
 Unable to open eye (after calm)? YES NO

NO

CONTINUE ASSESSMENT

Eye does not move well in all directions?
 YES NO
 Movement of eye causes pain?
 YES NO
 Visual change (either reported by student
 or detected by screening)? YES NO

	BEFORE INJURY	AFTER INJURY
BOTH		
RIGHT		
LEFT		

YES TO ANY

INTERVENE

Have lie quietly on back.
 Never attempt to remove imbedded object.
 Protect injured eye with shield or disposable
 cup inverted & taped securely.
Apply no pressure to eyeball.
 Call Nurse-Time: _____
 Call Parents-Time: _____
 Refer to Dr. immediately — Send
 documentation with student for Dr.,
 including date of last Tx.
 Follow up for DX & RX info.

NO

CONTINUE ASSESSMENT

Eye struck by fast moving blunt object
 (fist ball), projectile (metal/stone chip),
 vegetative matter or sharp object? YES
 NO
 More than slight tenderness of bones
 around eye? YES NO
 Eyelid crooked? YES NO
 Pain in or behind eyeball? YES NO
 Sensitive to light? YES NO
 Bruising (usually bright red) of sclera?
 YES NO
 Wearing contact lenses when injured?
 YES NO

YES TO ANY

INTERVENE

Have lie quietly on back.
 Protect injured eye with shield or disposable
 cup inverted & taped securely.
Apply no pressure to eyeball.
 Call Nurse-Time: _____
 Call Parents-Time: _____
 Refer to Dr. immediately—
 Send documentation with student for
 Doctor.
 Follow up for DX & RX info.

NO

INTERVENE

Call or write parents-
 Time: _____
 Send back to class.
 Recheck later in day or next day.

YES TO ANY

INTERVENE

Call Nurse-Time: _____
 Call Parents-Time: _____
 Refer to Dr. Immediately — Send
 documentation with student for Doctor.
 Follow up for DX & RX info.

REPORT OF CHEMICAL SPLASHED IN EYE

INTERVENE

Eye splashed. BOTH RIGHT LEFT
 Flush from nose outward with lukewarm tap water by
 placing face under tap with eye open or pouring from
 container.
 Instruct student to move eye & open & close lids
 repeatedly to aid flushing.
 Pull eyelashes forward to allow water to flow under lid.
 Determine chemical involved.
 Consult Az. Poison Control Center (626-6016)
 for instructions.
 Continue flushing at least 10 minutes.

ASSESS

Was chemical corrosive (acid/alkali)? YES NO
 Persistent pain, tearing, blinking? YES NO
 Mark or cloudy spot on iris? YES NO
 Vision blurred? YES NO

	BEFORE INJURY	AFTER INJURY
BOTH		
RIGHT		
LEFT		

NO

INTERVENE

Inform Parents-
 Time: _____
 Send back to class.
 Recheck later in day.

YES TO ANY

INTERVENE

Call Nurse-
 Time: _____
 Call Parents-
 Time: _____
 Refer to Doctor-
 Send documentation
 with student for Dr.
 Follow up for DX & RX info

IF SHOCK ASSESSMENT
 NEEDED, ATTACHED
 "SHOCK" SHEET