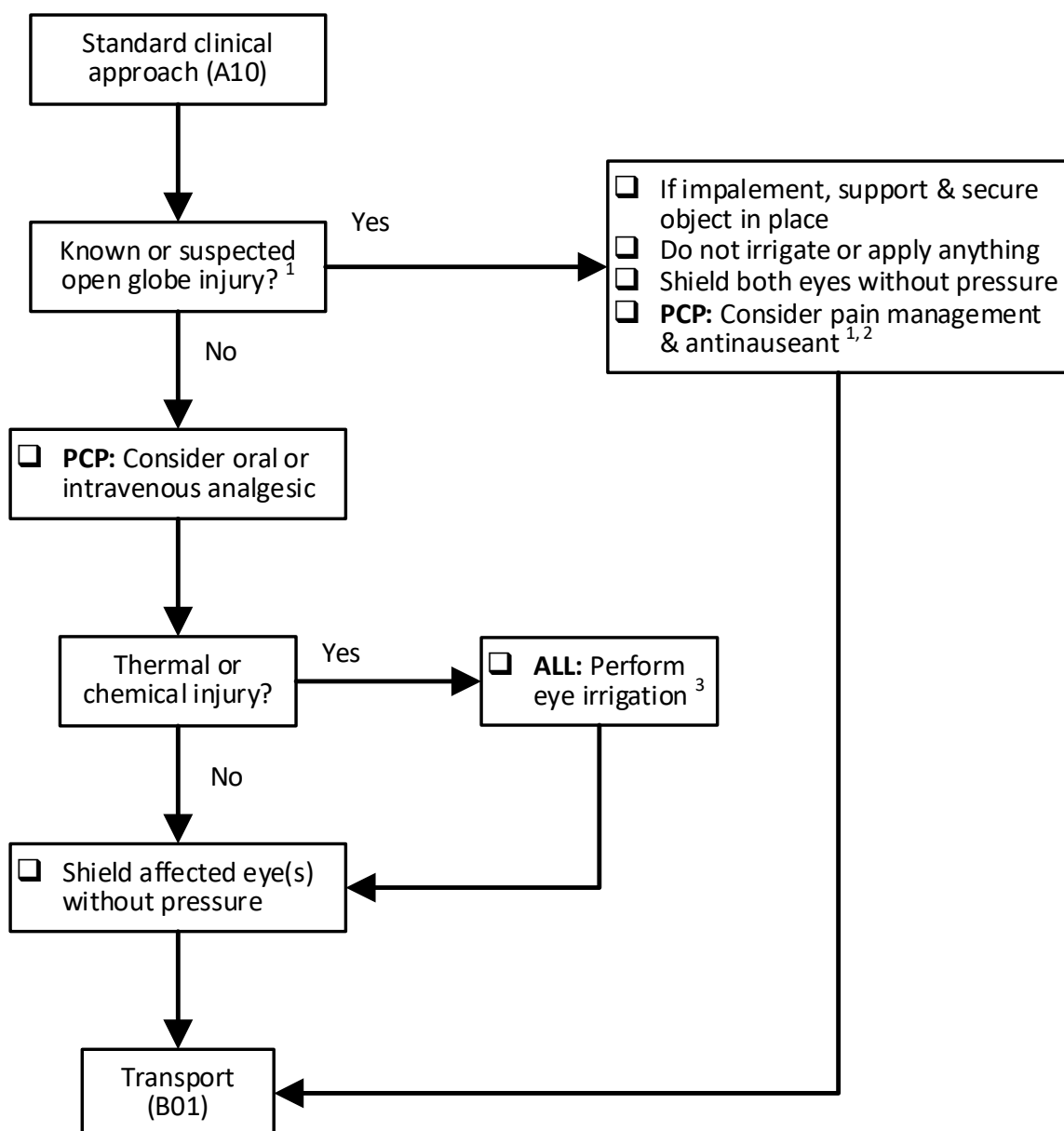
 Shared health Soins communs Manitoba	F05 - EYE TRAUMA (ALL AGES)		
	Version date: 2025-03-22		Effective date: 2025-04-30 (07:00)
PCP = PCP - ACP ICP = ICP & ACP ACP = ACP only None = EMR - ACP			





VECTRS / OLMS: (204) 949-4000

INDICATIONS
<ul style="list-style-type: none"> Blunt or penetrating eye trauma

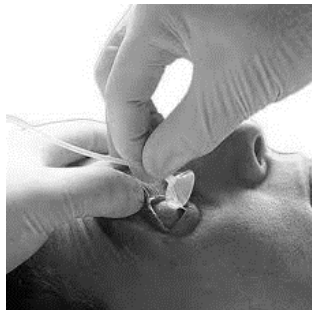
WARNINGS
<ul style="list-style-type: none"> Not applicable

NOTES
<ol style="list-style-type: none"> Open globe injuries may result from blunt as well as penetrating eye trauma. If there is any suspicion of open globe injury, do not place anything in the eye (do not irrigate) or apply direct pressure. Do not administer intranasal fentanyl on the side of the open globe injury as it may back up into the eye through the nasolacrimal duct. Open globe injuries can cause nausea and vomiting. The act of vomiting can cause substantial increases in intraocular pressure. EYE IRRIGATION: <ol style="list-style-type: none"> Consider providing analgesia prior to irrigation. For chemical eye injuries, irrigate with at least 1000 ml sterile 0.9% saline solution per injured eye. Do not apply a Morgan lens (figure A) with alkali or caustic chemical eye injuries. Nasal cannulae (appendix B) taped to the patient's forehead can be used to irrigate one or both eyes.

LINKS
<ul style="list-style-type: none"> A01 - Standard Clinical Approach B01 - Standard Destination & Redirection

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X06 for change tracking)
<ul style="list-style-type: none"> Addition of advanced work scope indicator

FIGURE A: IRRIGATION WITH A MORGAN LENS**FIGURE B:
IMPROVISED IRRIGATION WITH
NASAL PRONGS**