

EYE IRRITATION

(example – conjunctivitis / sty, flash burn)

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ New Chronic Right eye Left eye Both eyes

Exposure to allergens/chemicals/flash burn type) _____

Glasses Contact lens

Associated Symptoms:

Itching Burning Tearing Unable to tear Blurred vision Seeing spots

Pain scale (1-10) _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

Visual	Pupils	Eyes	Appearance
OS _____	<input type="checkbox"/> Equal	<input type="checkbox"/> Redness	<input type="checkbox"/> No distress
OD _____	<input type="checkbox"/> Unequal	<input type="checkbox"/> Inflamed	<input type="checkbox"/> Mild distress
OU _____	<input type="checkbox"/> PERRLA	<input type="checkbox"/> Edema	<input type="checkbox"/> Moderate distress
			<input type="checkbox"/> Severe distress

Discharge (Color/amount): _____

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

- Sudden change in visual acuity
- Persists past 24 hours or worsens
- Exudate is present
- Foreign body is suspected

First Aid:

- Discontinue use of contact lenses
- Compresses moist
- Remove purulent material and debris (may require irrigation with optometric normal saline)
- Eye patch for comfort
- Acetaminophen 500 – 650 mg p.o. or Ibuprofen 200-400 mg p.o. one dose for pain (if offender requires more than one dose you must have an order from the medical provider)

Medical Provider /RN Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

LPN Signature: _____ **Date:** _____ **Time:** _____

This section must be co-signed by Medical Provider/RN if LPN instructed to follow nursing intervention plan of care. LPN must also sign below if ordered/ instructed to follow nursing intervention plan of care.

Refer to Medical Provider If:

- Chronic problem exists or occurs

Assessment:

- Alteration in comfort related to conjunctival irritation

Plan:

Nursing Intervention Routine:

- Same as First Aid
- Acetaminophen 500 – 650 mg p.o. or Ibuprofen 200-400 mg p.o. for pain two to three times a day for 3 days

Progress Note: _____

Offender Education:

- Instructed not to rub eyes, cleanse one eye at a time with new cloth to avoid cross contamination, wash hands with hot water and soap after touching infected eyes, follow-up sick call if no improvement within 24 hours. Offender verbalizes understanding of instructions.

Signature/credentials: _____ **Date:** _____ **Time:** _____

Signature/credentials: _____ **Date:** _____ **Time:** _____

Offender Name
(Last, First)

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