

EYE-FOREIGN BODY

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ Right eye Left eye Both eyes Type of foreign body: (If known) _____

Exposure to allergens/chemicals (type) _____

Glasses Contact lens

Associated Symptoms:

Itching Burning Tearing Unable to tear Blurred vision Seeing spots Photo sensitivity
 Pain scale (0-10) _____

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): _____

Eye Emergency: Immediate Emergency Care and transfer without delay:

Imbedded object or Penetrating injuries

Refer to Medical Provider If:

Sudden change in visual acuity Foreign body not easily removed
 Continued pain after removal of foreign body Any eye complaint not readily associated with foreign body

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

Assessment:

Alteration in comfort/visual acuity related to possible foreign body

Plan:

Nursing Intervention Routine:

- Rinse eye with optometric normal saline or Dacriose solution – Notify Medical Provider/RN if ineffective
- If object moves and it appears that it can be removed easily, remove object by sweeping inner aspect of upper lid with lower lashes or with moist cotton tipped applicator
- Re-check and document appearance and visual acuity
- If suspected corneal abrasion use fluorescein paper (**Note: only nurses with documented training on fluorescein paper may perform this procedure**)
- Artificial tears instill 2 drops in affected eye for relief of burning and dryness – issue one bottle
- Eye patch for comfort

Progress Note: _____

Offender Education:

Instructed not rub/touch eyes, s/s of infection, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

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

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

Offender Name
(Last, First)

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