

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

Glasses Contact lens

Associated Symptoms:

Itching Burning Tearing Unable to tear Blurred vision Seeing spots

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): _____

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required)

NOTIFY MEDICAL PROVIDER IMMEDIATELY IF:

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

Refer to Medical Provider If:

- Chronic problem exists or occurs

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

Assessment:

- Alteration in comfort related to conjunctival irritation

Plan: Nursing Intervention Routine: (check all that apply)

- Check in assessment only for medical providers visit.
- Assessment completed. Chief complaint resolved prior to appointment. Instructed offender to follow-up sick call for signs/symptoms warranting further evaluation.
- Discontinue use of contact lenses
- Compresses moist
- Remove purulent material and debris (may require irrigation with optometric normal saline)
- Eye patch for comfort
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days

OR

- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days
- Artificial tears instill 2 drops in affected eye for relief of burning and dryness – issue one bottle
- Education/Intervention: 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.

Progress Note: _____

Medical Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

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

Offender Name
(Last, First)

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