

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): _____

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

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

Assessment:

Alteration in comfort/visual acuity related to possible foreign body

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.
 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
 Education/Intervention: Instructed not rub/touch eyes, s/s of infection, follow-up sick call if no improvement. 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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