

Eye & Dental Injuries

Adult & Pediatric

4.2

Trauma Protocol 4.2

EYE – EMT STANDING ORDERS

E

- Routine Patient Care.
- Obtain visual history (e.g., use of corrective lenses, surgeries, use of protective equipment).
- Obtain visual acuity, if possible.
- Assist patient with the removal of contact lens, if applicable.
- Chemical irritants, including pepper spray: flush with copious amounts of water, or 0.9% NaCl.
- Thermal burns to eyelids: patch both eyes with cool saline compress.
- Impaled object: immobilize object and patch both eyes.
- Puncture wound: place rigid protective device over both eyes (e.g., eye shield). Do not apply pressure.
- If the patient cannot close their eyelids, keep their eye moist with a sterile saline dressing.

EYE - ADVANCED EMT STANDING ORDER

A

- An anti-emetic is strongly recommended for penetrating or blunt eye trauma, consider [Nausea Protocol 2.11](#).

EYE - PARAMEDIC STANDING ORDERS

P

- Proparacaine or tetracaine:
 - Apply 2 drops to affected eye; repeat every 5 minutes as needed.
- Consider use of Morgan lens for irrigation.
- Refer to [Pain Management Protocol 2.15](#).

DENTAL AVULSION – EMT/ADVANCED EMT/PARAMEDIC STANDING ORDERS

E/A/P

- Routine Patient Care.
- Dental avulsions should be placed in an obviously labeled container with saline-soaked dressing, milk or hanks solution

EMT/ADVANCED EMT/PARAMEDIC EXTENDED CARE ORDERS

X

- If definitive treatment is expected to be greater than 4 hours, an attempt to reinsert the avulsed tooth in its socket should be considered, after rinsing tooth in water or normal saline. If multiple teeth require reinsertion, use the shape and size of dentition on the opposing side to guide you in proper placement.

PEARLS:

- Handle the tooth carefully. Avoid touching the root of the tooth (the part of the tooth that was embedded in the gum) because it can be damaged easily.
- Significant eye injury may be present despite normal vision and minimal symptoms.
- Any chemical or thermal burn to the face/eyes should raise suspicion of respiratory insult.
- Vomiting in connection with blunt or penetrating eye trauma significantly increases intraocular pressure and should be avoided.