FOREIGN BODY IN EYE (Penetrating)

**30 Second Review Foreign Body in Eye (Penetrating)**

**RN, LPN**

**DEF:** Foreign body is impaled and often protrudes from the eye.

**S/S:** Protruding foreign body, laceration or hyphema. Check for fluid or blood, rupture of the globe, loss of vision or additional facial and head trauma.

**RX:** Cover both eyes, **do not remove impaled object**, transport to emergency room, notify practitioner.

**SKILL LEVEL:** RN, LPN

**DEFINITION:** A condition in which a foreign body such as a piece of wood, glass, metal, or other matter is impaled and often protrudes from the eye.

**DATA BASE:**

**Subjective:** Obtain history with specific attention to mechanism of injury. Patient will often complain of visual loss or blurriness.

**Objective:** May have obvious protruding foreign body or laceration of eye, or **hyphema**. If no obvious protruding object, observe for leakage of fluid or blood from the eyeball, ruptured globe (ocular rupture), and other facial & head trauma.

**Hyphema is blood in the front (anterior) chamber of the eye. It may appear as a reddish tinge, or it may appear as a small pool of blood at the bottom of the iris or in the cornea.**

**Assessment:** Eye injury due to PENETRATING foreign object.

**Plan:**

1. **DO NOT** attempt to remove object. **DO NOT** apply pressure.

2. Place patient in position of comfort, patient should not bend over.
Foreign Body in Eye (Penetrating)

3. Protect injured eye with an inverted paper cup, if possible. Do not remove impaled object if present.

4. Cover uninjured eye with dressing to decrease ocular movement.

5. Transport to Emergency Room or off-site specialist.


Patient Teaching:

Explain importance of remaining calm to minimize further injury.

APPROVED:

Medical Services Manager ___________________________ Date ___________________________

Chief Medical Officer ___________________________ Date ___________________________

Medical Director ___________________________ 2/24/2015 Date ___________________________

Effective Date: 3/2015
Revised: February 2015