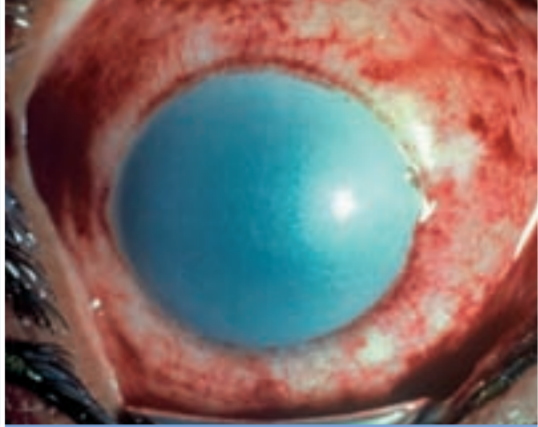
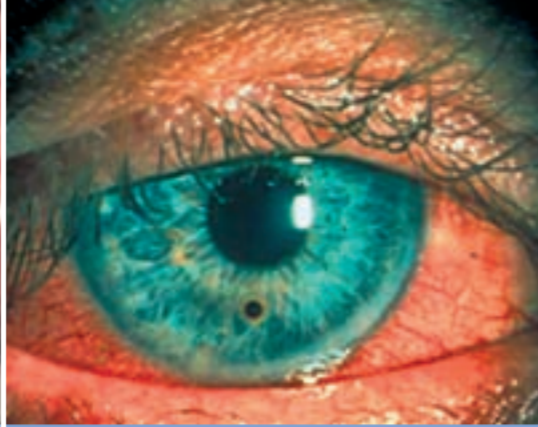
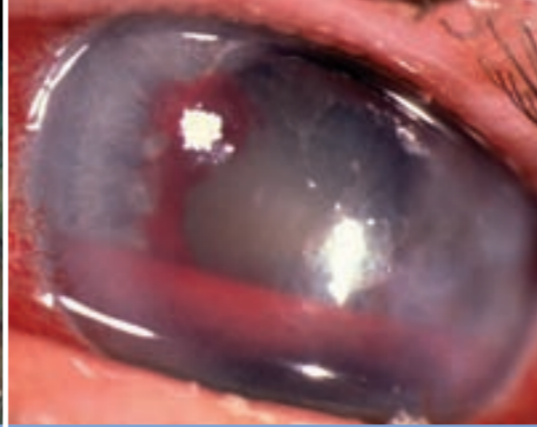
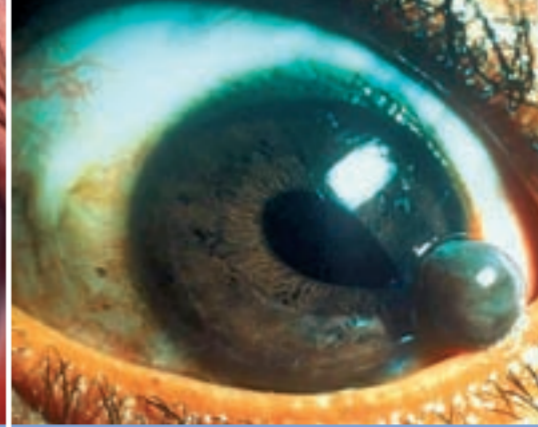



Causes of eye injuries

					
	Burns	Foreign body (FB)	Blunt injury	Penetrating injury	Lid laceration
History	Acid, alkali or thermal	Conjunctival, corneal or sub-tarsal (under the upper eyelid)	Injury by blunt object, e.g. fist. Blood in anterior chamber (Hyphaema)	Typically by a sharp object, e.g. stick. Corneal or scleral perforation	Laceration of lid margin or canaliculus
Vision	Reduced	Usually normal but can be affected if central cornea involved	Reduced	Reduced	Normal
Torch exam	Red eye and hazy cornea	FB seen on conjunctiva, cornea, or under lid	Blood seen in anterior chamber. Pupil may be dilated	Cornea may be hazy and pupil may be distorted with uveal prolapse. Shallow anterior chamber	Laceration visible

Management of eye injuries

Burns	Foreign body (FB)	Blunt injury	Penetrating injury	Lid laceration
First Aid	Remove	Assess	Urgent Refer	Refer
Refer	or Refer	Refer		
Immediately irrigate thoroughly with clean water with special attention to particles that may be trapped under the eyelid. Apply antibiotic eye ointment and refer to eye unit immediately	Remove with edge of clean cloth. If on cornea, gently use matchstick covered with cotton wool. Apply antibiotic eye ointment and refer if embedded	Bed rest and pain relief. Analgesics must not contain aspirin. Refer if reduced vision	Refer immediately to an eye unit after applying an eye shield. Tetanus toxoid 0.5ml immediately	Refer to an eye unit to ensure proper alignment of the lid margin. Tetanus toxoid 0.5ml immediately

