

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: VIII-105 EYE INJURY	POLICY #: 1262
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PURPOSE: To provide guidelines when caring for and reporting anesthesia related eye injury.

POLICY: Eye injuries, especially corneal abrasions, cannot be completely prevented during anesthesia care. The Ambulatory Surgery Center (ASC) anesthesia provider must maintain constant vigilance during all phases of anesthesia care to recognize and secure proper treatment should injury occur.

PROCEDURE:

1. Document any pre-existing ophthalmic pathology, i.e., iritis, uveitis, conjunctivitis, blindness, in the medical record.
2. Ensure that the eyelids are approximated and taped closed after induction of anesthesia and before laryngoscopy and intubation. Documentation should reflect that action.
3. When administering general anesthesia by mask, avoid contact or pressure to the eyes.
4. Protect eyes from spillage of sterilizing solutions during skin preparation for head/neck procedures.
5. Intra-operatively, check and remove pressure from eyes produced by surgeon's arm, instruments or surgical drapes.
6. The patient who sustains corneal injury will complain of pain, tearing (lacrimation), photophobia and foreign body sensation within 12 hours after injury. Notify the surgeon and refer the patient to an Ophthalmologist as soon as possible.

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7. If the patient is still at the ASC when corneal injury is suspected, treat corneal abrasion by applying a prophylactic antibiotic ointment and patching the injured eye. Topical anesthetic agent should be used only by the Ophthalmologist.
8. Follow patient until eye problem has resolved. Report resolution to Nurse Manager and Medical Director.
9. Document injury in the ORCHID and enter an SI report.

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