


EYE EMERGENCIES
How to triage over the phone , what is serious and what is not

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TRIAGE

- DEFINITION

In medical use, the assignment of degrees of urgency to wounds or illnesses to decide the order of treatment of a large number of patients or casualties.

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WHAT IS AN EYE EMERGENCY ?

- **Eye emergencies** include cuts, scratches, objects in the **eye**, burns,
- chemical exposure
- blunt injuries to the **eye** or eyelid / lacrimal system
- Certain **eye** infections eg viral , herpetic , fungal , bacterial
- Retinal damage – detachment , artery or vein occlusion
- Acute glaucoma
- Infection following cataract surgery
- Uveitis
- **PHOTOPHOBIA** – Corneal involvement

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WHAT CONDITIONS END UP IN HOSPITAL EMERGENCY DEPT

- SEVERE EYE TRAUMA / MVA
- ASSAULTS
- NEUROLOGICAL PROBLEMS - UNILATERAL DILATED PUPILS / SEVERE HEADACHE
- SPORTS RELATED INJURIES - HYPHAEMA , ORBITAL BLOW OUT FRACTURES
- PENETRATING EYE INJURIES
- ORBITAL FOREIGN BODIES
- AFTER HOURS ACUTE EYE PAIN CAUSING VOMITING AND DISTRESS – RAISED IOP
- CHEMICAL BURNS
- FOREIGN BODIES ON CORNEA – can be referred to private clinic as well – GP/Optom

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WHAT IS **NOT** AN EMERGENCY

ANY PATIENTS WHO HAVE AN EYE CONDITION AND

- Are too busy to come and see you
- DO NOT take appointments / time slots that are offered to them
- DO NOT change Doctors in same practice to be seen for their emergency

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ON A VERY BUSY DAY WE HAVE A SAYING

It can only be fitted in if it's a knife in the eye

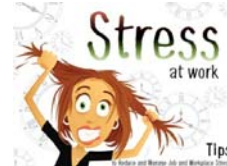


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FOR THE TELEPHONE RECEPTIONIST FIT IN

THERE IS PRESSURE , LIMITED APPOINTMENTS - DEMANDING PATIENTS
AND THEIR SCHEDULES OFTEN CLASH .
AFTER DISCUSSION WITH PATIENT

- IF YOU BELIEVE THE PATIENT'S EYESIGHT IS AT RISK
- IF PATIENT HAS EYE PAIN or
- LOSS OF VISION



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FOR THE TELEPHONE RECEPTIONIST FIT IN

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AFTER DISCUSSION WITH PATIENT

FIT THEM IN

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WHAT YOU ARE HEARING THREE MOST COMMON COMPLAINTS

1. UNCOMFORTABLE EYES

- GRITTY , BURNING , ITCHY , SORE EYES

DETERMINE DISCOMFORT AS OPPOSED TO TRUE PAIN



2. RED EYES

- SCLERA RED ? EYE LIDS RED ? PAIN INVOLVED ? GLARE SENSITIVITY

3. LOSS OF VISION / DISTURBANCE IN VISION

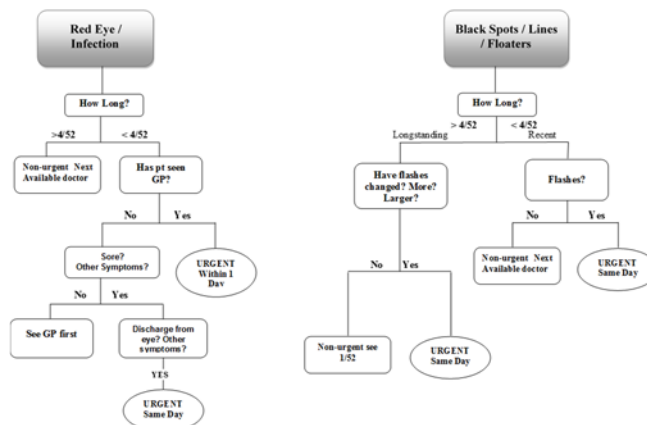
- LOSS OF NORMAL VISION UNILAT or BILAT
- FLASHES AND FLOATERS



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PHONE TRIAGE FLOW CHART

RED EYE / INFECTIONS AND BLACK SPOTS / FLOATERS




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IF THE OPTOMETRIST OR GP PHONES ON BEHALF OF THE PATIENT

- THEY HAVE TRIAGED THE PATIENT FOR YOU
- WILL TELL YOU IF ITS URGENT
- FIT IN WHERE POSSIBLE
- IF SCHEDULES CLASH → EMERGENCY DEPT OR EYE HOSPITAL

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LOOK AFTER YOUR SURGICAL PATIENTS

- **PAIN , REDNESS AND LOSS OF VISION TAKE PRIORITY**
(DISTINGUISH BETWEEN PAIN AND IRRITATION)
- MILD TEMPORAL FB SENSATION IS COMMON POST CATARACT SURGERY - true pain **IS NOT**
- COULD BE CORNEAL ABRASION , INFECTION
- DOES IT EASE WITH ANAELGESIA ?
- IF PAIN PERSISTS AFTER PARACETAMOL OR NUROFEN = 

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UNDERSTANDING WHAT THE PATIENT IS DESCRIBING

- TAKES YEARS OF EXPERIENCE AND CLINICAL KNOWLEDGE
- TRY AND FIND OUT WHAT THEIR PRIMARY CONCERN IS
- ARE THEY DRAMATIC PROBLEM MAY NOT BE THAT GREAT
- OFTEN THE NON COMPLAINERS ARE THE ONES WHO HAVE A REAL PROBLEM
- “ BOY WHO CRIED WOLF “

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LOOK AFTER PATIENTS WHO HAVE ONLY ONE FUNCTIONING EYE – they are more stressed than you are !!!

- Prosthesis
- Loss of vision due to RETINAL DISEASE - AMD
- Loss of vision due to DENSE AMBLYOPIA

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GENERAL CONSIDERATIONS IN DEALING WITH RED EYES

1. Beware the UNILATERAL red eye
2. Pain and photophobia is URGENT
3. Reduced vision or loss of vision is SERIOUS
4. Acute onset of symptoms can be SERIOUS
5. History of trauma or foreign body can be SERIOUS

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COMMON COMPLAINT RED EYES



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SCH

CHALAZION



No Pain



Pain

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SCH

SCLERITIS



No Pain



Pain

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BEE STINGS



Pain

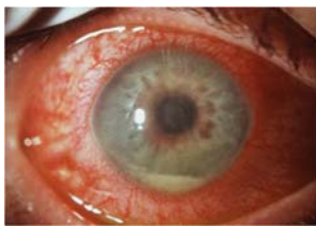
ALLERGIC DRUG REACTION



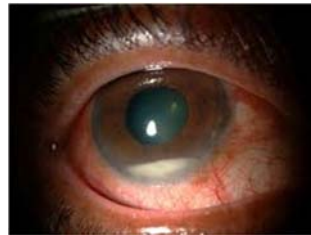
Discomfort

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IRITIS



ENDOPHTHALMITIS



Both will have pain , redness , poor vision and pain on movement .

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HERPES SIMPLEX



Pain

BLEPHARITIS



No Pain

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TAKE HOME MESSAGES




- Learn to ask diff between pain and grittiness or discomfort
- Surgical Patients take priority
- Patients with one eye take priority



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TAKE HOME MESSAGES

3 important factors

- Pain 
- Loss of vision 
- Photophobia 



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THANK YOU

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