



1

### Financial Disclosure Slide

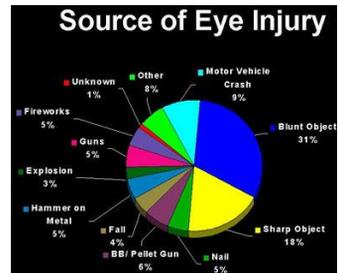
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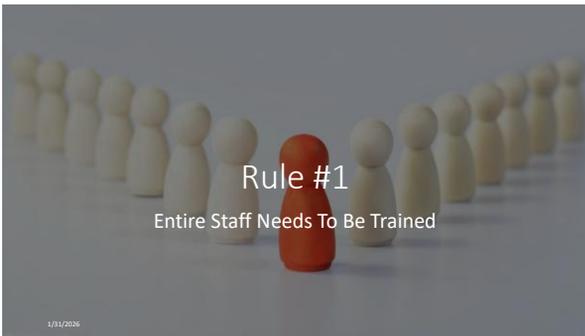
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3



4



5



6

### 3 Things to always remember

- Everyone must be trained in emergencies! ...training
- Must know who to contact! ...too late to look it up ...post it
- There is NO SUCH THING AS A ROUTINE PATIENT until the exam is complete

### What is an Ocular Emergency?

Get help from the audience

**Hasner Value:**  
Prevents things from coming up from the nose to the eye



Is this a real picture or a fake one?

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### Fast Growing Sport in America

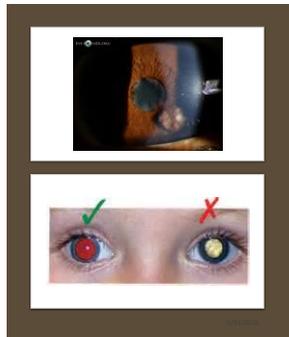
- Wiffle ball
- Close in proximity
- Fast pace
- Eyes need to be protected



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### Types of Emergencies

- Non-traumatic
  - Infectious
    - Orbital cellulitis
    - Abscess
  - Non-infectious
    - Angle closure
    - Neuro/Muscular
- Traumatic
  - Penetrating
    - Blunt force
  - Non-penetrating
    - Hyphema
    - Burns
      - Chemicals
      - Thermal



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### Questions

- Who is willing to share a story of an emergency?
- How many of you still patch?
- How many of you have engaged in an emergency?
- How many of you are afraid of emergencies in your office?

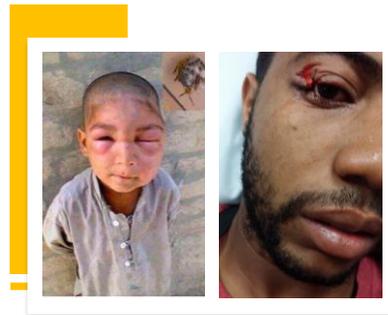
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### Red Flags from the patient

- Moderate to severe eye pain
- Reduced visual acuity
- Sensitivity to light (photophobia)
- Significant redness of eye
- Foreign body
- Suspected penetrating injury



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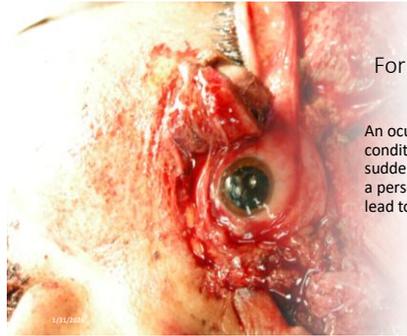
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### Common Situations

Stomach a little sensitive????

Please turn your head or look down about now! Next slide ... **Not good!**

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For today

An ocular emergency is a condition that can cause a sudden loss of, or decrease in a person's vision that could lead to a permanent condition

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Before and after



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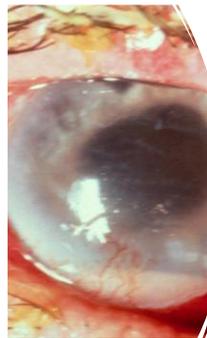
Lid Lacerations – tear drainage important



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**Endophthalmitis**

In less than 1 in 1000 cases of cataract surgery, a severe bacterial infection of the eye can occur in the first few days or weeks after the surgery is performed. This infection is called endophthalmitis. If not addressed quickly, it can cause loss of vision or rarely, even loss of the eye. Cataract surgery patients typically receive very powerful antibiotic drops in the first week or two after the surgery to help guard against severe infections postoperatively. If endophthalmitis does occur, additional antibiotics are usually injected into the eye to help clear the infection.

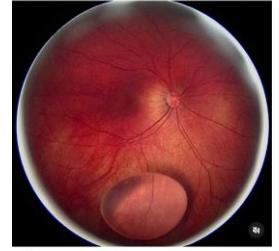
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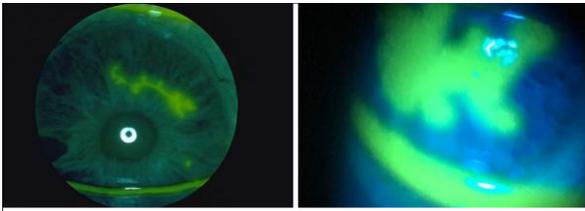
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Ectopia Lentis is dislocation of the lens

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interesting\_retinal\_cases Fundus photograph of a 4 year old child with ectopia lentis: showing the crystalline lens dislocated into the vitreous.  
Credit: Baker Hubbard, MD, Emory Eye Center



Slit lamps and Emergency Rooms

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Lashes

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MVA with a truck

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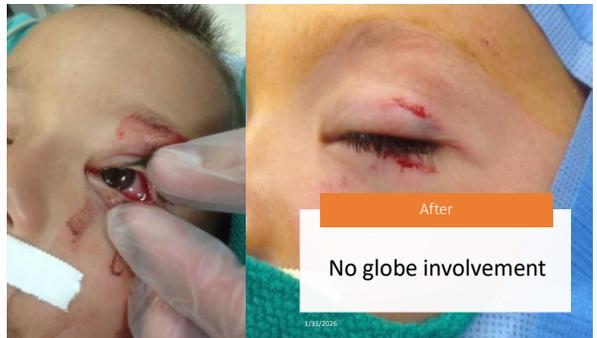


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Impaled Objects

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Look down if you are struggling!

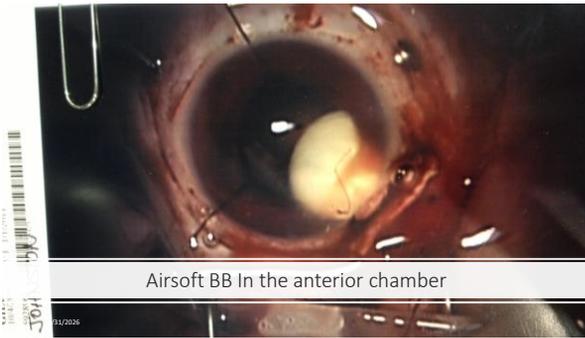
The worse slide is coming!

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Bugs!!!!

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### Horse Play



- Rubber bands
- Paper clips
- Pencils
- Pens
- Paper footballs
- Nerf Swords

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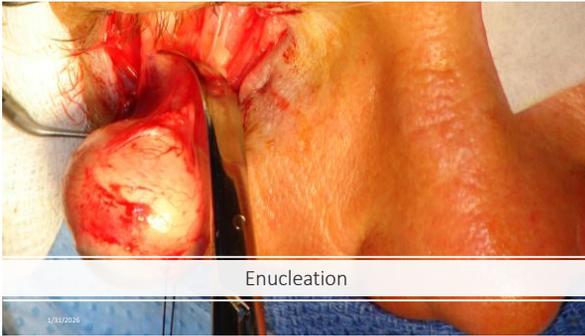
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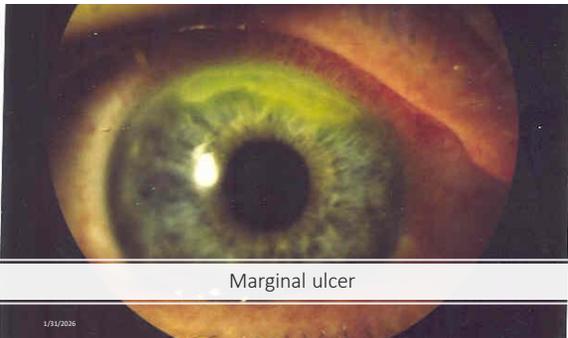


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Tumor  
Removal



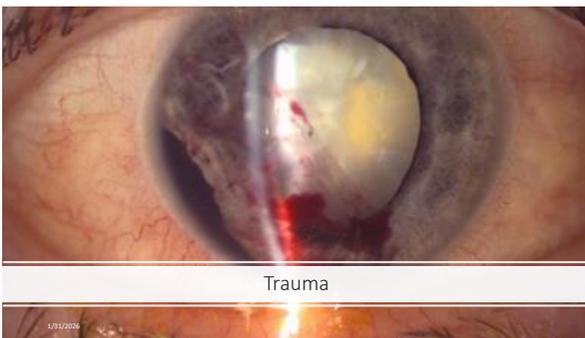
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Allergic Conjunctivitis Chemosis

Beware of orbital cellulitis

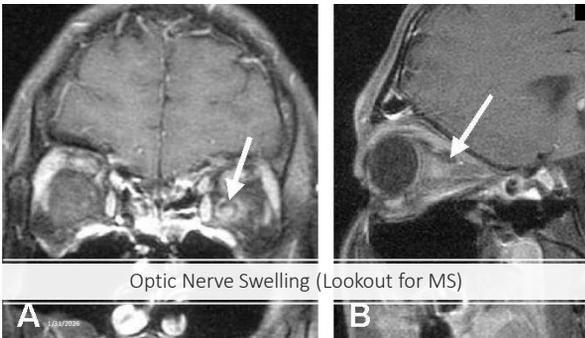
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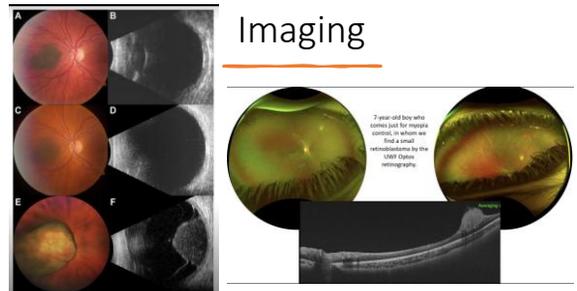
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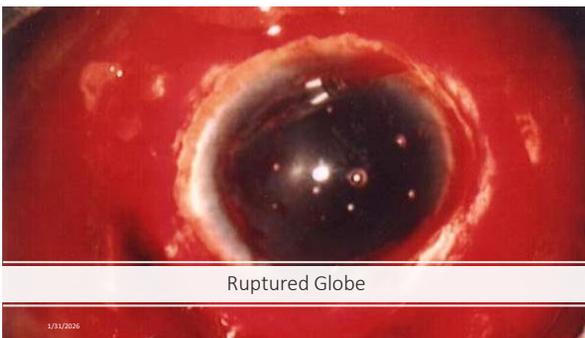
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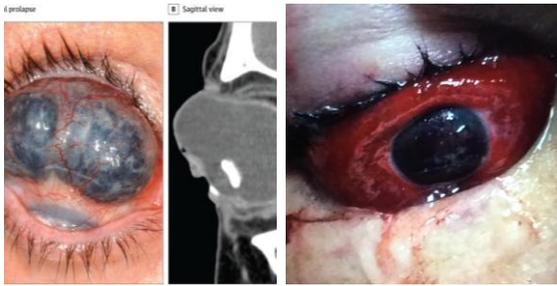
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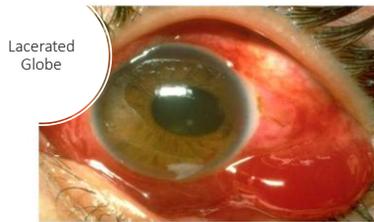


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Knife to the eye

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Do not press on globe!

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Slit and Melting

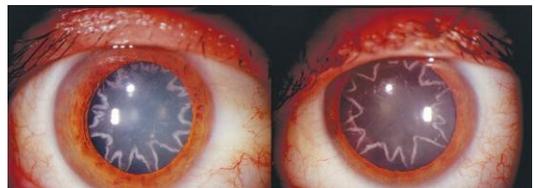
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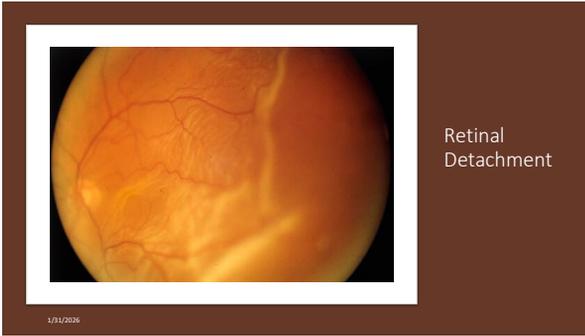


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Electrical Arc Flash



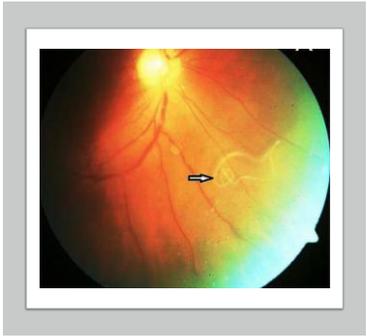
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### Worm

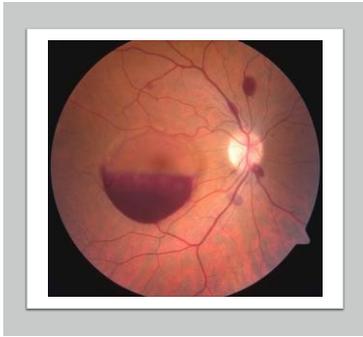
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### Intense session of push-ups

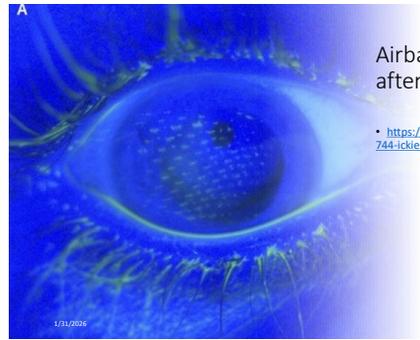
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### Airbag Imprint after MVA

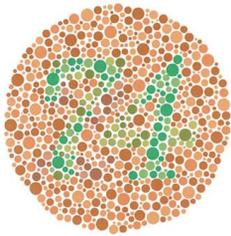
• <https://www.livescience.com/60744-ickiest-eyeball-injuries.html>



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### Not just the globe!



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Triage is defined as:



Ocular Triage	
Date:	Time:
Emergency Triage Criteria: (Range on list of ability, increased patient care)	
1. Patient with a life-threatening condition	2. Patient with a condition that requires immediate attention
3. Patient with a condition that requires immediate attention	4. Patient with a condition that requires immediate attention
5. Patient with a condition that requires immediate attention	6. Patient with a condition that requires immediate attention
7. Patient with a condition that requires immediate attention	8. Patient with a condition that requires immediate attention
9. Patient with a condition that requires immediate attention	10. Patient with a condition that requires immediate attention
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31. Patient with a condition that requires immediate attention	32. Patient with a condition that requires immediate attention
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71. Patient with a condition that requires immediate attention	72. Patient with a condition that requires immediate attention
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83. Patient with a condition that requires immediate attention	84. Patient with a condition that requires immediate attention
85. Patient with a condition that requires immediate attention	86. Patient with a condition that requires immediate attention
87. Patient with a condition that requires immediate attention	88. Patient with a condition that requires immediate attention
89. Patient with a condition that requires immediate attention	90. Patient with a condition that requires immediate attention
91. Patient with a condition that requires immediate attention	92. Patient with a condition that requires immediate attention
93. Patient with a condition that requires immediate attention	94. Patient with a condition that requires immediate attention
95. Patient with a condition that requires immediate attention	96. Patient with a condition that requires immediate attention
97. Patient with a condition that requires immediate attention	98. Patient with a condition that requires immediate attention
99. Patient with a condition that requires immediate attention	100. Patient with a condition that requires immediate attention

The process of sorting people based on their need for immediate medical treatment as compared to their chance of benefiting from such

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Ocular Presentations can be Sorted into 4 Classifications

- **Emergency – Right now**
- Urgent – Today
- Priority – This week
- Routine – Next Available



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## What to do?

- Don't make a diagnosis
- If no doctor is available, check office policy/use an ER
- This is a certifiable walk-in
- Do not delay if it is a true emergency
- Liability is on the person giving instructions on the phone
- If the patient is unable to see have them wait for an ambulance...get the info from the patient

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## Mandatory Screening Tests

- Monocular aided visual acuity
  - Use pinhole technique if VA <20/40
- Non-contact tonometry
- Confrontational visual fields or FDT screening, if possible
- Exophthalmometry...speak to your doctor first
- Red cap desaturation or Color vision

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## Questions to Ask Every Potential Immediate Patient

- Where are you? How close are you to a hospital?
- When did this begin? How long has the eye been bothering you?
- On a pain scale 0-10, where are you?
- Any decreased visual acuity (any change in vision)?
- Are you a contact lens wearer?

Accurate documentation is always critical!

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## Ocular Signs/Symptoms



### Emergencies

- Sudden increase in ocular pain
- Sudden blurred or loss of vision
- Bleeding in/around eye
- Double Vision (direction)
- Trauma
- Flashes/Floaters

### Urgency

- Photophobia
- Pain
- Foreign Body
  - Organic
  - Non-organic
- Redness
- Abrasions
- Head aches sc/cc loss of VA's

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### Headaches Could Be A Significant Sign!

- Most common headache is a tension HA
- If a patient has a headache:
  - Location (localized, diffused, radiating)
  - Quality (dull sharp throbbing, etc...)
  - Intensity
  - Frequency
  - Duration
  - Associated symptoms (nausea, noise/light sensitivity)
- Medications (OCT too!)
- Hypertension – **check pts BPI!**



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### Giant Cell Arteritis (GCA)

a.k.a. Temporal Arteritis, considered an ophthalmic emergency...could lead to death!

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### Symptoms of GCA

Category	Symptoms
Symptoms due to involvement of cranial vessels	Headache Jaw claudication (pain on chewing) Scalp tenderness Loss of vision Abnormalities of the temporal artery (pain, nodules, absence of pulse)
Symptoms due to involvement of great vessels (aorta and branches of aorta)	Claudication of extremities (especially arm)
Symptoms due to systemic inflammation	Fever, night sweats, weight loss
Polymyalgia rheumatica	Mainly proximal myalgia and stiffness of the neck and shoulder and pelvic girdles

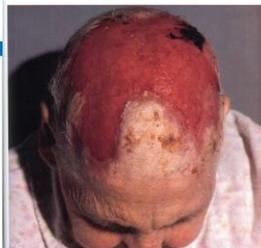
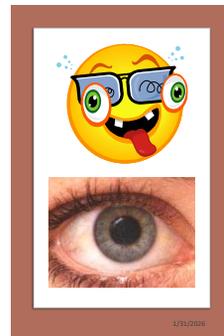


Figure 11-41 Giant cell arteritis. Extensive bilateral edema and elevation of the scalp of a patient's forehead secondary to aneurysmal dilation of temporal arteries.

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### Question

- What is the top cause of malpractice claims?
- Answer: misdiagnosis due to failure to dilate the patient (ref: AOA)

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The Obvious signs

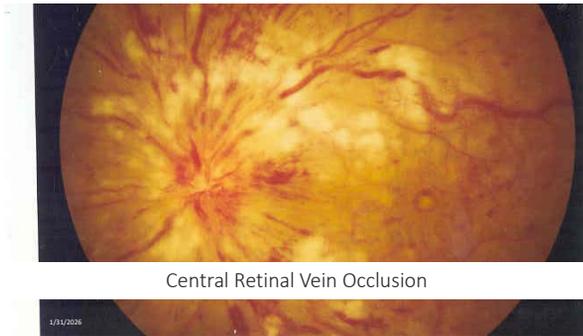
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### Three True Emergencies

1. Close angle glaucoma attack
2. Alkali chemical burn
3. Central retinal vein occlusion
4. Globe penetrating trauma

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Central Retinal Vein Occlusion

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Chemical Burns – irrigate – Litmus paper – 7.4 Ph

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Acute Angle-Closure Glaucoma

- Rapid onset
- Painful
- Very serious
- Can lead to permanent blindness

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**Woman who thought itchy eyes were allergy symptom diagnosed with brain tumor**

Itchy or irritated eyes are easy to pin on seasonal **allergies**, which is what one 30-year-old woman in London suspected when she stopped in at an **ophthalmologist's office** last month. But Gurcharan Kaur, who at that point was having trouble blinking and noticed swelling in her eye, would soon learn that her symptoms were more troubling than a simple pollen irritation, and **were actually due to a tumor in the middle of her brain.**

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<https://www.foxnews.com/health/woman-itchy-eyes-allergy-symptom-diagnosed-brain-tumor>

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Orbital Cellulitis

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Which eye is injured?

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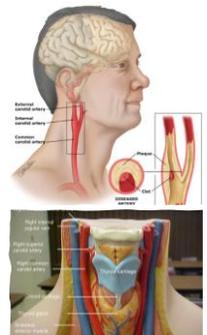
Shingles

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Sudden Tempory Vision Loss Uni or Bilateral

Amaurosis fugax is a temporary loss of vision in one or both eyes, lasting from a few seconds to several minutes. This condition is often caused by a lack of blood flow to the retina or optic nerve, typically due to a blockage in the carotid arteries. Amaurosis fugax is considered a warning sign of an impending stroke, especially in individuals with risk factors such as high blood pressure, high cholesterol, or heart disease.



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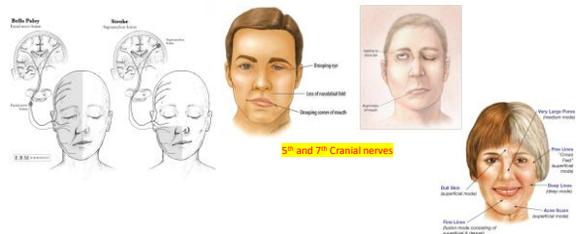
True Life-threatening Suspected Stroke



- Please be aware that emergencies other than ocular emergencies can find their way into your office
- If you notice a change in the patient's facial expression, behavior or speech, they could be experiencing a true life-threatening emergency
- Inform your provider immediately, do not leave the patient!

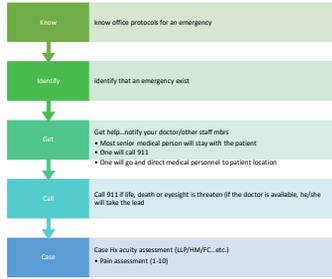
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Aging - Bell's Palsy - Stroke



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## 5 Steps for every emergency



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## Emergency Toolbox

- Blood Pressure Kit
  - For suspected CRAO
  - Stroke in eye...blockage
- Humphrey's Visual Field
- Hertel (for orbital concerns)
- Thermometer pt's with suspected Cellulitis
- Fox Shield and Tape for trauma
- PH Strips for chemical testing after irrigations
- Diamox to lower IOP (oral medication)

## Patient Treatment Procedures

- Inform provider immediately
- Case History...complete Hx
- Visual acuity is critical...must be attempted**
- Pain upon movement important (direction)
- Pressures are critical (projectile FB or possible aqueous leak needs extreme caution **verify with provider first**)
- In case a provider is not present...see office policy manual
- Know all office protocols for emergency and urgent care...

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## Technician Procedures

- Never attempt any procedure in which you are not trained, proficient, and approved by your doctor
- When you identify an emergency...communicate with other staff members what is going on and to be ready to assist if necessary
- Don't be a hero, whom ever is most experienced and capable should be there to provide oversight (doctor)
- Alert the nearest ER (irrigate if needed) when necessary

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## Pick a Scenarios

- The exploding bottle of hair dye
- The curling iron burn
- The paper cut from a grocery bag
- The pilot on a bike
- Pet Chicken pecked owner in eye (fungal infection) LA
- Walk into waiting area finding unconscious patient
- Domestic Abuse Case
- Blowout fracture for Mother of 3-year-old



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### Immediate Classification

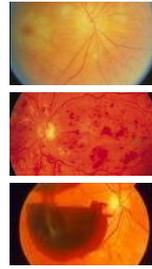
- A. Sudden Loss of Vision
- B. Flashes of Light
- C. Sudden Spots in Front of Eyes
- D. Double Vision
- E. Blood in Eye
- F. Blunt Trauma
- G. Penetrating Injury
- H. Chemical Burn



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### A. Sudden Loss of Vision (Painless)

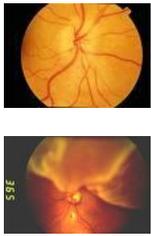


- Central Retinal Artery Occlusion
- Central Retinal Vein Occlusion
- Vitreous Hemorrhage

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### A. Sudden Loss of Vision (Painless)



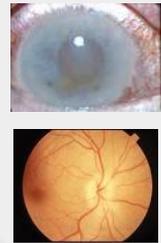
- Ischemic Optic Neuropathy
- Retinal Detachment

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### A. Sudden Loss of Vision (Painful)

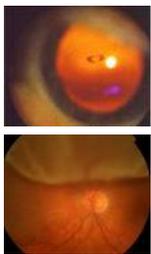
- Acute Angle Closure Glaucoma
- Optic Neuritis



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### B. Flashes of Light



- Retinal break or detachment
- Posterior Vitreous Detachment

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### C. Spots in Front of Eyes

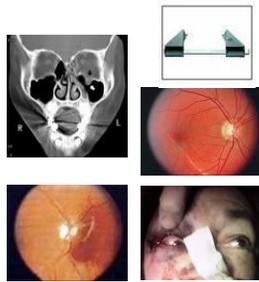


- Transient spots
  - Migraine syndromes
- Long-standing spots
  - Posterior vitreous detachment
  - Vitreous hemorrhage
  - Floaters (syneresis)

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### F. Blunt Trauma

- Blowout or orbital floor rupture (**motility testing**)
- Must rule out retinal detachment or choroidal rupture
- Must also rule out traumatic optic neuropathy

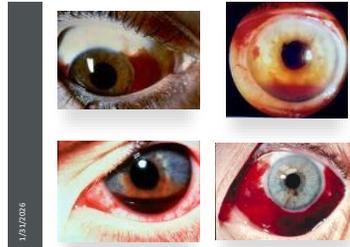


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### E. Blood in the Eye

- Hyphema
- Subconjunctival hemorrhage



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### G. Penetrating Injury

- Typically a high speed or sharp object
- Must intervene quickly to prevent endophthalmitis esp. if organic matter
- Seidel sign



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### H. Chemical Burn

- Irrigate all chemical burns with sterile saline immediately and extensively
- Must try to:
  - Identify substance (acid vs base)
  - Timeline of chemical exposure

How long do we irrigate?

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### Urgent Classification

- Red Eye
- Lid Lumps and Bumps
- Protrusion of Eye
- Contact Lens Pain



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Abuse Cases –  
State Laws -  
Bullying

[https://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/murchild\\_abuse.pdf](https://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/murchild_abuse.pdf)

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- ### A. Red Eye
- Identify exposure or likely FB incident
  - PAIN is first indication
  - Followed by:
    - Decreased VA
    - Discharge
    - Excessive tearing
    - Contact lens wearer?
    - Itching
    - Sensitivity to light

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Conjunctivitis			
Clinical Finding	Bacterial	Viral	Allergic
Bilateral involvement	50%	25%	Mostly
Discharge	Mucopurulent	Watery	Flare
Redness	Yes	Yes	Yes
Pruritus	Rare	Rare	Yes

**Types of conjunctivitis**

- Bacterial conjunctivitis: Discharge is purulent, unilateral or bilateral, redness, eyelid swelling, photophobia, tearing, contact lens intolerance.
- Viral conjunctivitis: Discharge is watery, unilateral or bilateral, redness, eyelid swelling, photophobia, tearing, contact lens intolerance.
- Allergic conjunctivitis: Discharge is watery, bilateral, redness, eyelid swelling, photophobia, tearing, contact lens intolerance.

### B. Lid Lumps and Bumps

- Again, PAIN is the #1 indication
- Must determine how long has it been there and if there are any recent changes to appearance
- Hordeolum/Chalazion vs BCC/SCC/sebaceous carcinoma



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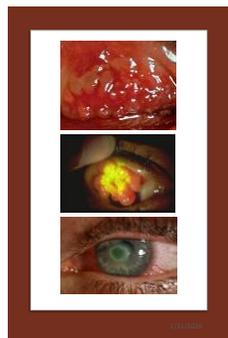
106

### C. Protrusion of Eye



- Can be associated with double vision
  - DIPLOPIA MUST BE RULED OUT
  - Unilateral vs Bilateral
- Lid retraction vs Proptosis
- Can be related to thyroid, tumors, pseudotumor

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### D. Contact Lens Pain

- Urgent condition if:
  - PAIN
  - Discharge
  - Decreased VA
  - Significant redness
  - Light sensitivity
- Questions to ask:
  - What type of lenses?
  - Solutions / drop use
  - How old are lenses?
  - Painful for how long?
  - How often slept in?

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**B. Slow, Progressive VA Decrease**

Likely related to refractive error changes, cataracts, age-related macular degeneration, or large total number of birthdays celebrated (age)

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**C. Lost or Broken Eyewear**

- Other patient concerns that fall into this classification are:
  - Chronic eye burning, tearing
  - Headaches that have not changed recently
  - Long-standing ptosis that has not changed recently

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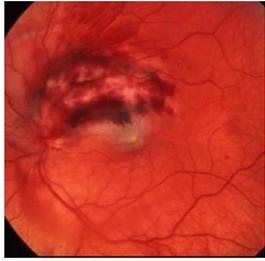
**Routine Classification**

A. EVERYTHING ELSE

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**Things that are essential in Emergencies**

- Answer "what was the cause of reduced acuity?"
- If the issue internal? Did we dilate the patient?
- Was the patient referred? Do we have follow-up referral system?
- Did the patient show-up for the referral appt?
- Did you practice the "Duty to Warn or Informed Consent"
- Do you keep good records



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**First aid for eyes**

- Do not try to remove any "foreign body" except by flushing or sweeping, because of the risk of causing more damage to the surface of the eye
- Do not touch, press, or rub the eye, and do whatever you can to keep children from touching it ( a baby can be swaddled as a preventive measure)
- Flush from medial to lateral to prevent cross contamination
- Gently pour a steady stream of lukewarm water from a pitcher (do not heat the water) across the eye...why is this warm?
- If a foreign body is not dislodged by flushing, it will probably be necessary for a trained medical practitioner to remove the FB.

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**Irrigation**

← Irrigate from medial to lateral

If chemicals are involved use litmus paper to verify neutrality of chemicals



How long do we irrigate?

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## Irrigation

- Morgan Lens (**caution! No FBs**)
- Solutions...saline, Dacriose, water
- Litmus pH paper test
- Normal pH reading 7.3 – 7.7
- Irrigate for 30 minutes



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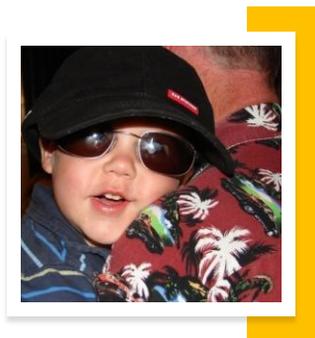
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## Domestic Violence

- Shaking Baby Syndrome
- Spouse Abuse
- Child Abuse
- Elderly Abuse
- Fights
- Any violence
- Any accident
- Documentation!!!!!!



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## Laser Pointers

- Retinal Injury in a Teenage Boy and Laser Pointers.
- A photograph of the fundus of the left eye (Panel A) shows central subretinal hemorrhage (arrow) and retinal edema, suggesting a break in Bruch's membrane caused by a disruptive laser burn. A photograph of the fundus of the right eye (Panel B) shows several hyperpigmented areas in the foveolar region (arrows). These findings are consistent with scars in the pigment epithelium as a result of a thermal laser injury. A photograph of the fundus of the left eye after 4 months



### BOLO for New Ways To Injure

- Manhattan ophthalmologist says he's performed approximately 20,000 corrective eye procedures. On Nov. 6, he did something different: he implanted a piece of platinum jewelry beneath the surface of a patient's eye.

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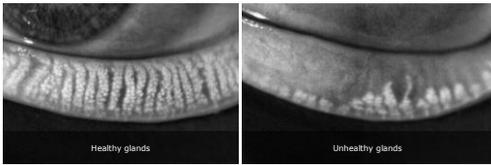
[Formaldehyde Free Eyelash Extension Glue Reviews - FDA Safe? - Minki Lashes](#)

### Make-up!!!



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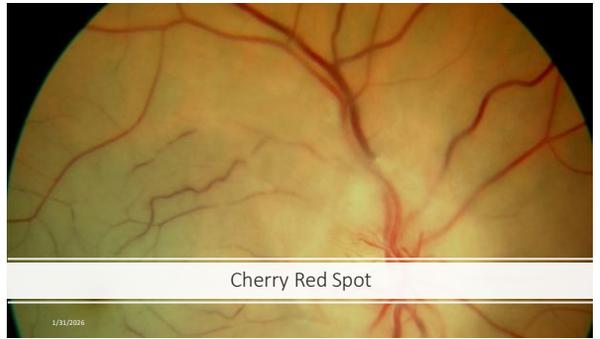
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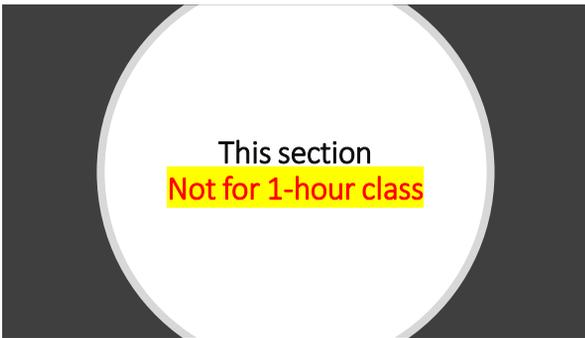
### Meibomian Glands

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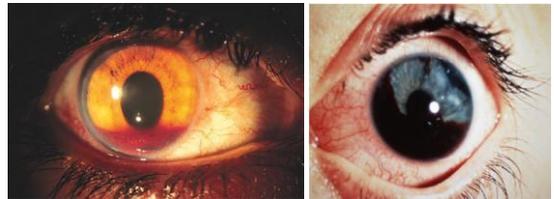


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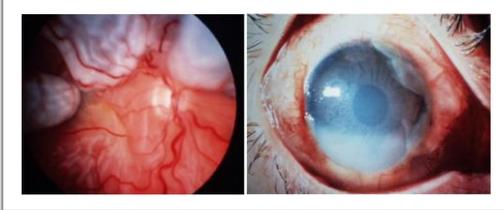
### Call it



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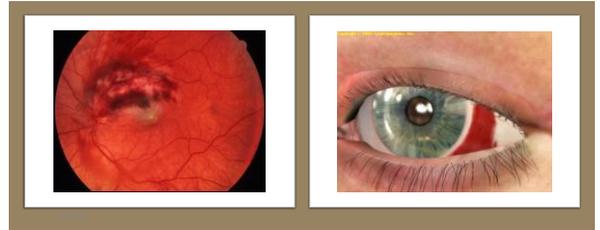
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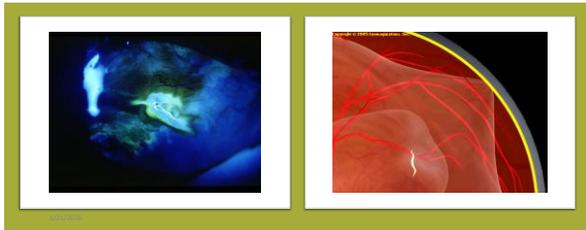
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Call it



128

Call it



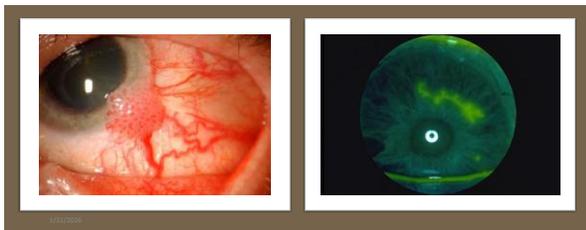
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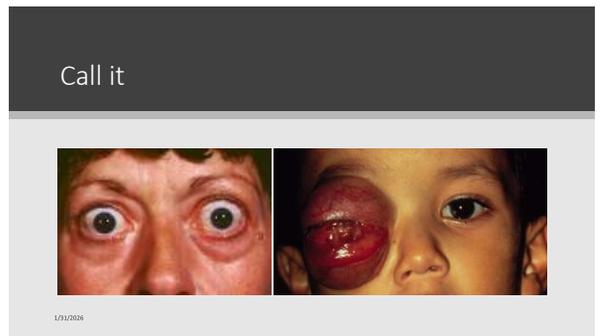
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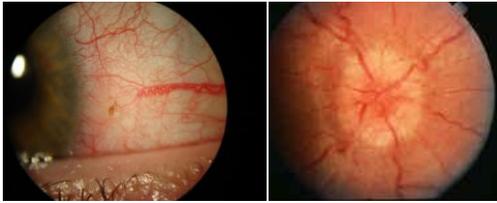
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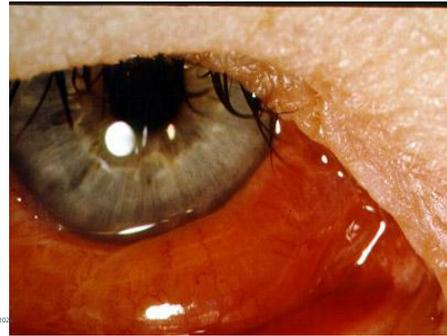
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Call it

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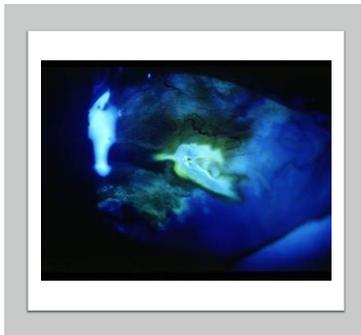


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### Suspected Global Penetration

- Protruding object
- Positive Sidel
- Organic Object



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### Acute Glaucoma (closed angle)

- Sudden onset of high Intraocular pressure (IOP)... caused by blockage of aqueous drainage
- **Symptoms:** Pain, blurred vision, colored lights around lights, frontal headache, nausea and vomiting
- **Signs:** High IOP, clouded/misty cornea, red eye, fixed or mid-dilated pupil
- **Treatment:** Preceptor/EVAC



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### HypHEMA

- Typically from "blunt" trauma
- **Symptoms:** Pain, blurred vision
- **Signs:** Blood in anterior chamber (AC)
- **Treatment:** VA, evaluate globe for rupture, patch both eyes and immediate transfer



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### Foreign Bodies

- **Non-Penetrating** (not entering globe)
  - metal chips/sand/saw dust/plant material/etc.
  - take "careful" history (i.e. high speed?, falling objects?)
- **Symptoms:** FB sensation, tearing, history of a trauma
- **Treatment:**
  - Visual Acuity
  - Stain to visualize object or injury site (vital clues)
  - Irrigate with saline rinse
  - May check under upper lid (often site of small FBs)
  - **If fails:** Contact receptor



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### Diabetic Retinopathy

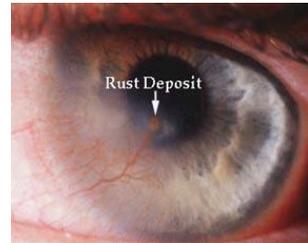
- Breakage in the blood vessels in the fundus
- Macula bleeding is more significant
- Ensure your patient has a take home Amsler Grid



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Corneal Foreign Body



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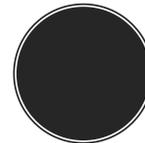
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Iris Bombe - Acute Glaucoma



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