**Initial Management of Ocular Burns**

**PREPARE**
- Administer appropriate topical anaesthetic eye drops to facilitate irrigation and examination
- Remove any exudate, particulate matter, debris and scabs from the eye
- Remove contact lenses, if able
- Check corneal pH (mean pH of tears is 7.6)

**FIRST AID**
- Do not delay immediate irrigation of the eye for detailed assessment of patient or acquiring a particular irrigation fluid, regardless of delay in presentation
- Commence urgent irrigation with a sterile isotonic solution (e.g. Hartmann’s or Normal Saline), an amphoteric solution (Diphoterine®), or water.
- Irrigate for as long as practically safe and possible. Keep patient warm to prevent hypothermia (children and elderly are most susceptible).
- Keep unaffected eye uppermost to avoid cross contamination
- Flush from the inside corner to the outside. Use a Morgan lens or the end of IV tubing to direct the sterile solution across the eye.
- Rinse the eye and the deep fornices thoroughly. Invert the eyelids.
- In chemical injuries, repeat the pH test soon after the irrigation has ceased and again 30 minutes later

**ASSESS**
- Re-apply topical anaesthetic if needed to allow for adequate assessment
- Examine the lids and face for chemical or thermal burns
- Exclude any ocular, intraocular, or intraorbital foreign body or chemical
- Fluorescein corneal staining
- Clouding of the cornea and perilimbal blanching
- Visual acuity examination (with ophthalmology input)
- Intraocular pressure (with ophthalmology input)
- Check Tetanus immunisation status

**TREAT**
- Trim singed or scorched eyelashes
- Apply chloramphenicol ointment to burnt eyelids and ocular surface to reduce the risk of infection
- Sit patient upright to reduce facial and eyelid oedema

Injuries that fall within the LSEBN Burn Referral Criteria should be discussed with the local Burn Service.

LSEBN Referral and Initial Management guidelines are available via TRIPS Help & Information on www.trips.nhs.uk

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