

# Initial Management of Ocular Burns

## CONTACT DETAILS



[www.trips.nhs.uk](http://www.trips.nhs.uk)

St Andrews Burns Service  
Broomfield Hospital (Chelmsford)  
Adults/Children **01245 516037**

Chelsea & Westminster Hospital (London)  
Adults **02033152500**  
Children **02033153706**

Queen Victoria Hospital (East Grinstead)  
Adults **01342 414440**  
Children **01342 414469**

Stoke Mandeville Hospital (Aylesbury)  
Adults and Children **01296 315040**

Adults and children with ocular burns should be discussed with the  
local Burn Service

If in doubt, seek early advice from the local Burn Service

## 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](http://www.trips.nhs.uk)