

## **QUICK GUIDE**

### On-Call Ophthalmology Consults for Traumatic Eye Injuries

*\* It is the responsibility of the Ophthalmology Service to arrange for bedside evaluations on patients that are being passed off to oncoming provider*

#### **Phone Consult with Urgent Bedside Consultation (within 4 hours of initial call):**

1. Impaired Vision (*Sudden loss of vision consider retinal injury*)
2. Known or Suspected Globe Injury
3. Orbital Floor Fracture w/ Entrapment
4. Orbital Compartment Syndrome (*Tense Eyelids- Need Tono Pen Reading*)
5. Optic Nerve Impingement (*Concern For*)

*\*Trauma Surgeon Discretion for Other Urgent Injuries Not Listed*

#### **Phone Consult with Bedside Evaluations to be Completed within 24 hours:**

1. NAT workups needing child abuse retinal exams

#### **Phone Consult with Inpatient Evaluation Prior to Discharge:**

1. Obtunded/sedated patients w/ concern for ocular trauma

#### **Phone Consult with Outpatient follow-up:**

1. Superficial Corneal Abrasion (*Provider judgement on if a consult needs to be made*)
2. Orbital Floor Fracture w/o Entrapment
3. Chemical Burns (*After aggressive washout, consult because patient will need follow-up*)

#### **Additional Key Points:**

1. **Inferior Rectus entrapment** - bradycardia/vomiting when looking up
2. If patient lives far and will require **long distance follow-up**, let ophthalmology know and they can see patient at bedside (Emergent vs non-Emergent).
3. **Retinal injuries:** These can now be treated at BCH-Oakland.