UCSF Benioff Children's Hospital Oakland

POLICY TITLE: Ophthalmology Consults On-Call for Traumatic Eye Injuries	
POLICY #: 8.19	**LOCATION:** PowerDMS
POLICY OWNER(S): Trauma Medical Director	**LAST APPROVAL:** March 2023
RESPONSIBLE OFFICE: Trauma Services	**EFFECTIVE DATE:** 9/2/2025
SCOPE: All patients with traumatic eye injuries	

Section I: Purpose

To guide providers on how and when to consult Ophthalmology for patients with traumatic eye injuries and to provide a general understanding of the process, and expectation of consulting timeframes. If there is any concern outside of the diagnoses listed below, providers should consult Ophthalmology for further guidance and recommendations.

Section II: Scope and Applicability

- Indicated in patients with expected, concern for, and/or known traumatic eye injuries. This guideline is for use in the Emergency Department, Acute Care Unit, and Intensive Care Unit.
- It is the responsibility of the Ophthalmology Service to arrange for bedside evaluations on patients that are being passed off to oncoming provider.
- During regular business hours, from 8am to 5pm, an Optometrist will take the first call. Consulting Optometrist will then be responsible for engaging an Ophthalmologist on-call as needed.

Section III: Procedures and Timeframes:

1) **<u>Phone Consult with Urgent Bedside Consultation (within 4 hours of initial call):</u>**
   - Impaired Vision *(Sudden loss of vision consider retinal injury)*
   - Known or Suspected Globe Injury
   - Orbital Floor Fracture w/ Entrapment:
   - Orbital fracture without entrapment, with abnormal vision
   - Orbital Compartment Syndrome *(Tense Eyelids- Need Tono Pen Reading)*
   - Optic Nerve Impingement *(Concern For)*

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

2) **<u>Phone Consult with Bedside Evaluations to be Completed within 24 hours:</u>**
   - Non-accidental trauma (NAT) workups needing retinal exams

3) **<u>Phone Consult with Inpatient Evaluation Prior to Discharge:</u>**
   - Obtunded/sedated patients w/ concern for ocular trauma

4) **<u>Phone Consult with Outpatient follow-up:</u>**
   - Superficial Corneal Abrasion *(Provider judgement on if a consult needs to be made)*
   - Orbital Floor Fracture w/o Entrapment
   - Any other type of orbital fractures with normal vision
   - Chemical Burns (*After aggressive washout, consult because patient will need follow-up)*

Section IV: Additional Information

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).

Approval Process:

Date	**Committee**	
01/25/2023	Trauma Advisory	

Creation: January 2023

Review and Revision History:
Review: 8/24/2025

Appendix A

UCSF Benioff Children's Hospital Oakland

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):

- Impaired Vision *(Sudden loss of vision consider retinal injury)*
- Known or Suspected Globe Injury
- Orbital Floor Fracture w/ Entrapment:
- Orbital fracture without entrapment, with abnormal vision
- Orbital Compartment Syndrome *(Tense Eyelids- Need Tono Pen Reading)*
- 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:

- NAT workups needing child abuse retinal exams

Phone Consult with Inpatient Evaluation Prior to Discharge:

- Obtunded/sedated patients w/ concern for ocular trauma

Phone Consult with Outpatient follow-up:

- Superficial Corneal Abrasion *(Provider judgement on if a consult needs to be made)*
- Orbital Floor Fracture w/o Entrapment
- Any other type of orbital fractures with normal vision
- 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).