LESSON ASSIGNMENT

LESSON 4
Treat Lacerations, Contusions, and Extrusions of the Eye.

TEXT ASSIGNMENT
Paragraphs 4-1 through 4-7.

TASK TAUGHT
081-833-0057, Treat Lacerations, Contusions, Extrusions of the Eye.

LESSON OBJECTIVES
After completing this lesson, you should be able to:

4-1. Identify eye injury terms and their definitions.

4-2. Identify the procedures to position a patient.

4-3. Identify the procedure to examine a patient's eyes.

4-4. Identify signs and symptoms of eye injuries.

4-5. Identify the procedures to treat an injury to the tissue surrounding the eyes, to the eyeball, and a protruding object eye injury.

4-6. Identify the procedures to treat an avulsed, enucleated, or extruded eyeball.

SUGGESTION
After completing the assignment, complete the exercises at the end of this lesson. These exercises will help you to achieve the lesson objectives.
LESSON 4

TREAT LACERATIONS, CONTUSIONS, AND EXTRUSIONS OF THE EYE

4-1. GENERAL

Treating a patient with eye injuries is very important to him especially on the battlefield. Loss of sight may cause not only severe pain, but also loss of orientation (the patient with an eye injury may have totally, or at least partially, lost one of his senses). You must constantly reassure the patient of what you are doing while treating him for eye injuries. As a medical specialist, you will treat lacerations, contusions, and extrusions of the eye, minimizing effect of the injury, and without further injury to the patient. You should first become familiar with the following terms and their definitions.

4-2. REVIEW OF TERMS

a. Laceration--jagged tear or wound.

b. Contusion--bruise.

c. Avulsed eye--eye torn from its socket; also called an extruded eyeball, or an enucleation.

d. Protruding--extending outward.

e. Globe--eyeball.

f. Socket--hollow into which eyeball fits.


g. Sympathetic movement--one eye reacts to the movement of the other eye.

NOTE: Survey the patient before you begin with the following step and remove his helmet, if necessary.

4-3. POSITION THE PATIENT

a. If the patient is conscious, place him in a sitting position.

b. If the patient is unconscious, place him on his back (supine position) with head slightly higher than the rest of the body.

NOTE: Ensure the patient's airway is clear.


c. Examine the patient's eyes. Look for signs and symptoms of eye injuries.
d. Identify signs and symptoms of eye injuries using the following procedures:

(1) Check for foreign object protruding from globe.

(2) Check for swollen or lacerated globe.

(3) Check for bloodshot sclera (bleeding inside eyeball).

(4) Check for bleeding surrounding the eye, inside eyeball, and coming from eyeball.

e. Determine the category of eye injury.

(1) Injury to tissue surrounding eye--lacerations and contusions.

(2) Injury to eyeball.

(3) Injury to eye in which a protruding object is present.

(4) Avulsed, enucleated, or extruded eyeball.

4-4. TREAT INJURY TO TISSUE SURROUNDING EYES

Injury may be on the eyebrow, eyelid, bridge of nose, or temple area. Vision is usually not impaired (see figure 4-1).

Figure 4-1. Injury to tissue surrounding eye.
a. Close the patient's injured eye's eyelid prior to dressing.

b. Cover the injured eye with an eye pad or other sterile dressing.
   (1) Avoid putting pressure on wound because eyeball may be injured.
   (2) Pressure may cause more damage.

c. Cover torn eyelids with loose dressing.
   (1) Handle torn eyelids very carefully to prevent further injury.
   (2) Wrap detached fragment of eyelid skin separately in moist bandage. Send fragment along with the patient to the hospital (surgeon may use it to repair eyelid).

d. Place a first aid field dressing over the eye pad on the injured eye.
   (1) Wrap tails around head.
      (a) Cross one tail over top of head.
      (b) Take second tail under ear on injured side.
   (2) Cross tails under ear on injured side, take under chin, over head and tie on opposite side from where they were crossed.
   (3) Dressing should not cover nose, mouth, or ears.
   (4) Since this is injury to tissue around eye, and not the eyeball, bandage only injured eye.
   (5) Ensure tail under chin does not slip down on neck interfering with breathing.

4-5. TREAT AN INJURY TO THE EYEBALL

NOTE: Bleeding may or may not be present.

   a. Close the patient's eyelid and cover the injured eye with an eye pad or other sterile dressing. (See paragraphs 4-4a and b.)

   b. Cover both eyes with pads using one or more dressings to prevent sympathetic movement and to avoid further injury.
NOTE: Remember to cover both eyes even if only one eye is injured. When one eye moves, the other eye duplicates its movement.

c. Tell the patient not to squeeze eyelids together.

d. Do not apply pressure to eyeball and be especially reassuring to the patient.

4-6. TREAT AN EYE INJURY OF A PROTRUDING OBJECT

a. Place padding around the impaled object. Use very clean cloth material and fold to fit eye area for padding (see figure 4-2).

![Figure 4-2. Padding around impaled object](image)

NOTE: Be especially careful not to apply pressure to the eyeball and do not put pressure on object with padding.

b. Build up padding until it prevents the object(s) from moving. Use tape to hold padding in place.

c. Instruct the casualty to not squeeze his eyelids together.

d. Place an eye pad on uninjured eye to restrict movement. Apply a second pad so that both eyes are covered).

e. Cut dressing partially through so it will fit around object, this will depend on location of impaled object and will keep object from being pushed further into eye.

f. Apply a second dressing so that both eyes are covered. Secure dressing.

NOTE: Leave the good eye uncovered in hazardous surroundings long enough to ensure safety.
4-7. TREAT AN AVULSED OR EXTRUDED EYEBALL

a. Position patient on his back (supine position).

b. Cut a hole in several layers of the bulky dressing material.

   (1) Build up dressing higher than globe.

   (2) Moisten pad to prevent globe from becoming dry; to prevent ulcerations, and to prevent additional damage.

c. Place dressing so that injured globe protrudes, but does not touch, through hole (see figure 4-3).

d. Place paper cup or cone-shaped thin cardboard to cover eye, without putting pressure on it (see figure 4-3).

Figure 4-3. Treatment for an avulsed or extruded eyeball.

e. Place pad and first aid dressing over uninjured eye to prevent sympathetic eye movement.

f. Apply roller gauze bandage/Kerlex to hold cup or cardboard cone in place. Secure dressing over uninjured eye (see figure 4-4).
CAUTION: Do not attempt to replace eyeball in its socket, more harm or injury could be done, to include blindness. Replacement is only done by a physician. Detachment of the retina may result from such injury if patient is not kept quiet and on his back.

NOTE: Remember to include information regarding patient's use of contact lenses, if appropriate.

NOTE: If patient wears glasses, evacuate them with the patient, even if broken.

NOTE: Transport patient with eye injury on his back, with head elevated and immobilized.

Continue with Exercises

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EXERCISES, LESSON 4

INSTRUCTIONS: The following exercises are to be answered by marking the lettered response(s) that best answer(s) the question or best completes the incomplete statement or by writing the answer in the space provided.

After you have completed all the exercises, turn to "Solutions to Exercises" at the end of the lesson and check your answers.

1. How would you position an unconscious patient who has a laceration, contusion, or extrusion of the eye?
   a. Have patient stand up.
   b. Place patient on his back.
   c. Place patient on his side.
   d. Place patient in a sitting position.

2. Which of the following treatments is NOT done to an injury to tissue surrounding the eye?
   a. Cover injured eye with loose dressing.
   b. Cover torn eyelids with loose dressing.
   c. Place first aid field dressing over eye pad on injured eye.
   d. Cover uninjured eye with eye pad or other sterile dressing.

3. ________________ may or may not be present to an injury of the eyeball.

4. Which of the following procedures is correct when treating a patient's eye injury of a protruding object?
   a. Place padding around impaled object.
   b. Do not apply pressure to the eyeball.
   c. Use tape to hold impaled object in place.
   d. Remind patient not to squeeze his eyelids together.

Check Your Answers on Next Page
SOLUTIONS TO EXERCISES, LESSON 4

1. b (para 4-3b).
2. a (para 4-4b).
3. Bleeding (para 4-5, NOTE).
4. a (para 4-6a).

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