

# Head/Neck

## Acute Ocular Presentations

Document visual acuity (consider pinhole acuity)

**Corneal abrasion:** recent minor trauma

- Use fluorescein and examine under blue light
- If visible abrasion, prescribe lubricating eye drops and eye ointment (use as often as needed) for comfort
- If history of trauma with organic material (stick, leaf, etc.), also prescribe erythromycin drop QID x 7-10 days
- Simple corneal abrasions should decrease in size by ~50%/day; this allows you to estimate healing time
- Simple corneal abrasions do not need ophthalmological assessment; consider optometrist follow-up, or none

**ED referral timing:**

- Conditions that require **EMERGENT** ED assessment:
  - Globe rupture
  - Severe infection
  - Hyphema
  - Acute angle closure glaucoma
  - Retrobulbar hematoma
  - Sudden vision loss
  - Conditions with intractable pain
- Conditions that require **URGENT** ED assessment (**daytime hours**; no need to send patient late at night)
  - Significantly decreased visual acuity
  - Corneal foreign body
  - Corneal ulcer (corneal lesion with white infiltrate; contact lens wearer at higher risk)
  - Complicated corneal abrasion (large size, overlying pupil)
  - Retinal detachment, retinal tear, posterior vitreous detachment, vitreous hemorrhage
- **Urgent ophthalmological referral** requires assessment at UPCC or ED, where a full eye examination with a slit lamp can be performed

### Resources

- [Conjunctivitis – Diagnosis and Treatment](#)
- [Red and Painful Eye Unilateral/Bilateral – Diagnosis and Treatment](#)

