

SIR CHARLES GAIRDNER HOSPITAL

**EMERGENCY EYE  
ASSESSMENT SHEET**3 Point Patient ID Confirmed ☐ Yes

Name / Signature: \_\_\_\_\_

URN: \_\_\_\_\_

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Gender: \_\_\_\_\_

DOB: \_\_\_\_\_

**Presenting Complaint****Eye History**

- ☐
- Contact lenses
- 
- ☐
- Previous eye procedures

**Past Medical History****Medications / Eye drops****Visual Symptoms**

- ☐
- Monocular R / L
- 
- ☐
- Binocular

Type of disturbance: \_\_\_\_\_

Rate of onset: \_\_\_\_\_

Associated symptoms: \_\_\_\_\_

**Allergies****Family History****Observations**

Temperature: \_\_\_\_\_

BP: \_\_\_\_\_ / \_\_\_\_\_

HR: \_\_\_\_\_

RR: \_\_\_\_\_

Sats: \_\_\_\_\_

**Visual Acuity**

- ☐
- Wearing glasses / contacts
- 
- ☐
- Didn't bring glasses / contacts

**Intraocular Pressure**

Using the Tonopen may cause a subsequent positive fluorescein test. Test IOP last if using fluorescein to test for corneal defects

**Visual Fields**

Confrontational

**Eye movements**

Include cover skew test

- ☐
- Normal
- 
- ☐
- Abnormal (cross out movements not working)
- 
- ☐
- Not tested

**Pupils**

Size, shape, reaction to light

**Slit lamp**

Eyelashes, eyelids- evert if indicated, conjunctiva, corneal surface irregularities, opacity, anterior chamber- cells, hypopyon, hyphaema, iris / pupil, lens  
 Fluorescein stain- use cobalt blue not green light

**Fundoscopy**

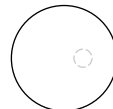
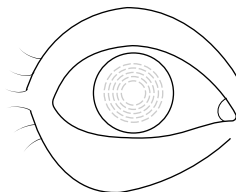
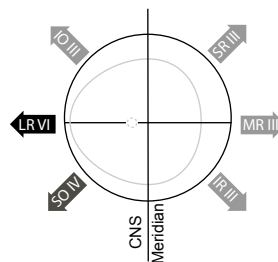
Red reflex, optic disc- pale clour, cupping, blurring of margins, macula, central and peripheral retina  
 Dilate both eyes with Tropicamide 1% (unless there is a possibility of acute closure glaucoma)

**Other examination findings****RIGHT**

- ☐
- Affected eye

 6 / \_\_\_\_  
 6 / \_\_\_\_ (pinhole)

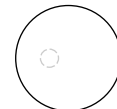
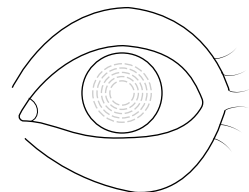
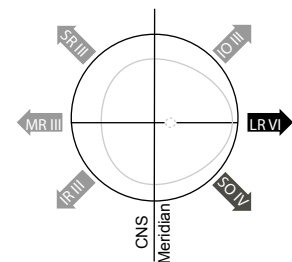
If indicated:

 pH \_\_\_\_  
 IOP \_\_\_\_ mmHg
**LEFT**

- ☐
- Affected eye

 6 / \_\_\_\_  
 6 / \_\_\_\_ (pinhole)

If indicated:

 pH \_\_\_\_  
 IOP \_\_\_\_ mmHg
**Investigations**

- ☐
- FBC
- ☐
- UE
- ☐
- CRP
- 
- ☐
- ESR
- ☐
- CT
- ☐
- Eye US
- 
- ☐
- Other: \_\_\_\_\_

**Disposition**

- ☐
- Admission
- ☐
- Ophthalmology
- ☐
- Neurology
- ☐
- Other \_\_\_\_
- 
- ☐
- Eye clinic
- ☐
- Today
- ☐
- Other date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 
- ☐
- GP follow-up / home
- 
- ☐
- Other: \_\_\_\_\_

**Diagnosis**

If retinal detachment is suspected (shadows / flashing lights) patient must remain FASTED

**Management**

Include who discussed with

HISTORY

EXAMINATION

410 / 704 (T)

EMERGENCY EYE ASSESSMENT SHEET

## RED EYE- NOT SO PAINFUL

### Lid abnormalities

- Blepharitis<sup>8</sup>
- Ectropion / entropion
- Trichiasis
- Lid lesions
- Lagophthalmos

### Anterior segment

- Conjunctivitis<sup>1</sup>
- Corneal<sup>7</sup> / conjunctival<sup>1</sup> foreign body
- Subconjunctival<sup>2</sup> haemorrhage
- Episcleritis<sup>3</sup>

### Others

- Blunt eye trauma
- Endophthalmos
- Thyroid-associated orbitopathy
- Carotid-cavernous fistula

## CHEMICAL BURNS

Document nature of burn (acid / alkali)  
 Instil local anaesthetic drops to eye  
 Irrigate with 1L NS / CSL  
 Evert eyelid and clear debris / foreign body with a moistened cotton bud run along the conjunctival fornices  
 Continue irrigation with a Morgan Lens  
 Review pain every 10 minutes and add further local anaesthetic if required  
 Wait 5 min after 1L NS to check pH, aiming for pH 6.5 - 8.5  
 If severe burn may need irrigation for 30 mins or longer  
 Undertake eye examination including visual acuity, eyelid eversion, slit lamp exam (incl fluorescein stain for corneal deficits)  
 All chemical burns require an urgent Ophthalmology consultation

## SUDDEN LOSS OF VISION

Giant cell arteritis (GCA) / anterior ischaemic optic neuropathy (AION) (age ≥ 50)

Central retinal artery occlusion (CRAO) (do urgent ESR / CRP to exclude giant cell arteritis)

Retinal detachment (floaters, flashing lights, loss of visual field)

Neovascular age-related macular degeneration (wet ARMD)

Vitreous haemorrhage

Acute angle closure glaucoma

Optic neuritis / papilloedema (refer to Neurology)

Transient ischaemic attack (amaurosis fugax)

Migraine

## RED EYE- PAINFUL

Corneal abnormalities<sup>7</sup> (use fluorescein to ascertain nature of deficit)

- Herpes simplex
- Bacterial or acanthamoebal ulcer (more commonly contact lens wearer)
- Contact lens keratitis<sup>7</sup>
- Marginal keratitis<sup>7</sup>
- Recurrent corneal erosion syndrome
- Foreign body / corneal abrasion

### Eyelid abnormalities

- Chalazion<sup>9</sup> (Meibomium cyst), acute blepharitis<sup>8</sup>, Herpes Zoster pre-septal cellulitis

### Diffuse conjunctival injection

- Viral, allergic, bacterial conjunctivitis<sup>1</sup>
- Dry eyes

Scleritis<sup>4</sup> (often associated with intense pain waking patients at night)

### Orbital cellulitis

Acute angle closure glaucoma (semi-dilated pupil, hazy cornea, pupil unreactive to light, can also have associated systemic symptoms including headache, nausea and vomiting)

### Anterior chamber involvement

- Anterior uveitis<sup>5</sup> (iritis<sup>6</sup>) (often photophobic)
- Hypopyon
- Hyphaema

## TRAUMATIC EYE INJURY

Lid laceration (needs full eye examination. All lid lacerations involving lid margin must be referred to Ophthalmology and may need CT)

Corneal foreign body (remove under local anaesthetic)

Closed globe injury (may need CT)

Ruptured globe (may need CT)

## FUNCTIONAL BLINDNESS

Normal pupil, slitlamp and retinal examination

Inconsistent history or examination findings

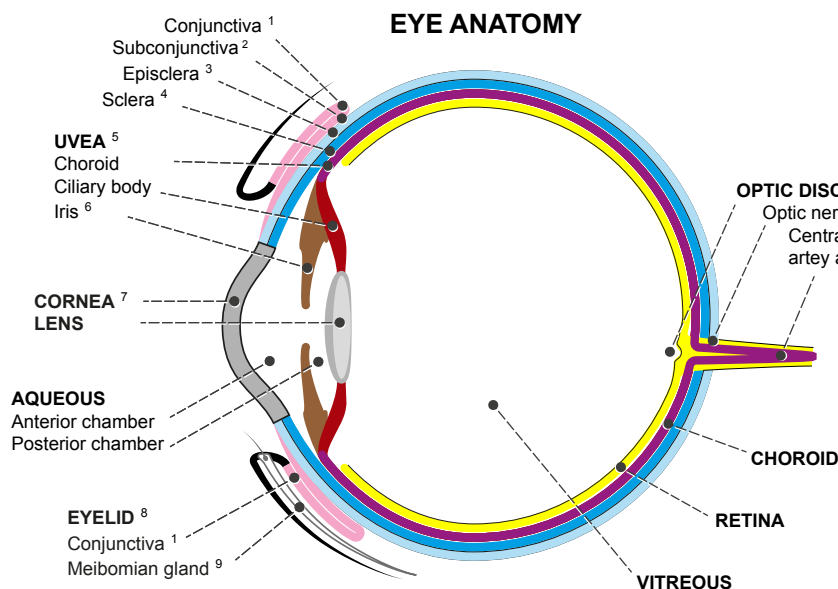
No red flags

Nystagmus on optokinetic testing

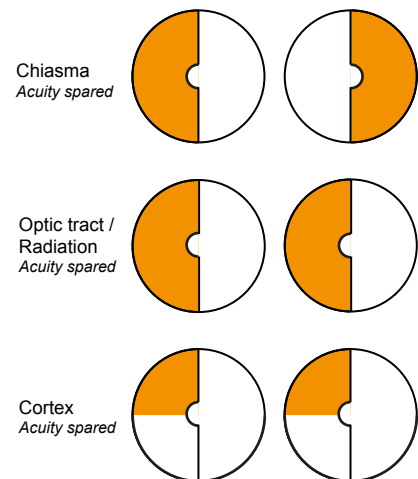
Unable to write name neatly, inability to oppose fingers of outstretched arms

In unilateral blindness, whilst wearing a right red lens and a green left lens, the ability to read a full sentence, when the left half of the sentence is written in red and the left half is written in green

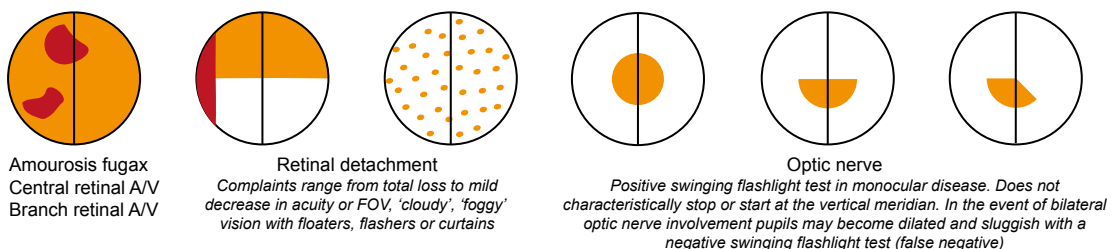
## EYE ANATOMY



## EXAMPLES OF BINOCULAR BLINDNESS



## EXAMPLES OF MONOCULAR BLINDNESS



## REFERENCES

NSW Department of Health Eye Emergency Manual- An Illustrated Guide, 2<sup>nd</sup> Edition. [http://www.cena.org.au/wp-content/uploads/2014/10/eye\\_manual.pdf](http://www.cena.org.au/wp-content/uploads/2014/10/eye_manual.pdf)

PT Khaw, P Shah, AR Elkington. ABC of Eyes, 4<sup>th</sup> Edition

The Wills Eye Manual, 6<sup>th</sup> Edition

D LaVene, J Halpern, A Jagoda. Emer Med Clin NA: Loss of Vision; 13 (3) Aug 1995, 539-560