

British Burn Association

Initial Management of Ocular Burns

Clinical Practice Guideline

Adults and children with ocular burns should be discussed with the local Ophthalmology and Burns Service

www.britishburnassociation.org

Prepare

- Administer appropriate topical anaesthetic eye drops to facilitate irrigation and examination^{1,2,3}
- Remove any exudate, particulate matter, debris and scabs from the eye⁴
- Remove contact lenses, if able⁴
- Check corneal pH (mean pH of tears is 7.6)⁵

First Aid

Do not delay immediate irrigation of the eye for detailed assessment of patient or acquiring a particular irrigation fluid, regardless of delay in presentation^{6,7,8}

- Commence urgent irrigation with a sterile isotonic solution (e.g. Hartmann's or Normal Saline), an amphoteric solution (Diphoterine[®]), or water.^{6,7,9,10,11,12,13}
- Irrigate for as long as practically safe and possible. Keep patient warm to prevent hypothermia (children and elderly are most susceptible).^{6,14}
- Keep unaffected eye uppermost to avoid cross contamination¹⁵
- Flush from the inside corner to the outside. Use a Morgan lens or the end of IV tubing to direct the sterile solution across the eye.^{9,16}
- Rinse the eye and the deep fornices thoroughly. If possible, evert the eyelids.^{9,15}
- In chemical injuries, repeat the pH test soon after the irrigation has ceased and again 30 minutes later⁹

Assess

- Re-apply topical anaesthetic if needed to allow for adequate assessment¹⁵
- Examine the lids and face for chemical or thermal burns⁶
- Exclude any ocular, intraocular, or intraorbital foreign body or chemical^{4,17}
- Fluorescein corneal staining^{17,18}
- Clouding of the cornea and perilimbal blanching
- Visual acuity examination (with ophthalmology input)
- Intraocular pressure (with ophthalmology input)

Treat

- Check Tetanus immunisation status¹⁶
- Trim singed or scorched eyelashes⁴
- Apply chloramphenicol ointment to burnt eyelids and ocular surface to reduce the risk of infection^{16,17}
- Sit patient upright to reduce facial and eyelid oedema¹⁹
- Discuss with the local Ophthalmology and Burns Service

British Burn Association

Initial Management of Ocular Burns

Clinical Practice Guideline

References

www.britishburnassociation.org

- ¹ Kuckelkorn R, Schrage N, Keller G, Redbrake C. Emergency treatment of chemical and thermal eye burns. *Acta Ophthalmol Scand* 2002; 80:4–10.
- ² Hoyt KS, Haley RJ. Innovations in advanced practice: Assessment and management of eye emergencies. *Topics in Emergency Medicine* 2005; 27(2):101–117. [Published erratum in *Topics in Emergency Medicine* 2005; 27(3):169].
- ³ Peate WF. Work-related eye injuries and illnesses. *American Family Physician* 2007; 75(7):1017–1022.
- ⁴ Malhotra R, Sheikh I, Dheansa B. The Management of Eyelid Burns. *Survey of Ophthalmology* 2009; 54(3):356–371.
- ⁵ Abelson MB, Udell IJ, Weston JH. Normal human tear pH by direct measurement. *Archives of Ophthalmology* 1981 Feb;99(2):301.
- ⁶ Palao R, Monge I, Ruiz M, Barret JP. Chemical burns: Pathophysiology and treatment. *Burns* 2010 36:295–304.
- ⁷ Chau JP, Lee DT, Lo SH. A systematic review of methods of eye irrigation for adults and children with ocular chemical burns. *Worldviews Evid Based Nurs* 2012 Aug; 9(3):129–38.
- ⁸ Singh P, Tyagi M, Kumar Y, Gupta KK, Sharma PD. Ocular chemical injuries and their management. *Oman Journal of Ophthalmology* 2013; 6(2):83–86.
- ⁹ Sharma N, Kaur M, Agarwal T, Sangwan VS, Vajpayee RB. Treatment of acute ocular chemical burns. *Survey of Ophthalmology* 2018 March–April; 63(2):214–235.
- ¹⁰ Wang X, Han C. Re-emphasizing the role of copious water irrigation in the first aid treatment of chemical burns. *Burns* 2014 Jun; 40(4):779–80.
- ¹¹ Hardwicke J, Bechar J, Bella H, Moiemmen N. Cutaneous chemical burns in children – A comparative study. *Burns* 2013 Dec; 39(8):1626–30.
- ¹² Lewis CJ, Al-Mousawi A, Jha A, Allison KP. Is it time for a change in the approach to chemical burns? The role of Diphoterine® in the management of cutaneous and ocular chemical injuries. *Journal of Plastic, Reconstructive & Aesthetic Surgery* 2017 May; 70(5):563–567.
- ¹³ Zack-Williams SD, Ahmad Z, Moiemmen NS. The clinical efficacy of Diphoterine® in the management of cutaneous chemical burns: a 2-year evaluation study. *Ann Burns Fire Disasters* 2015 Mar 31; 28(1):9–12.
- ¹⁴ American Burn Association. *Advanced Burn Life Support (ABLS) Course Handbook*. American Burn Association 2011. ABA, Chicago.
- ¹⁵ Stevens S. How to irrigate the eye. *Community Eye Health Journal* 2016; 29(95):56.
- ¹⁶ Babineau MR, Sanchez LD. Ophthalmologic procedures in the emergency department. *Emerg Med Clin North Am*. 2008 Feb; 26(1):17–34, v–vi.
- ¹⁷ O'Connor EF, Frew Q, Din A, Pleat J, Ashraff S, Ghazi-Nouri S, El-Muttardi N, Philp B, Dziewulski P. Periorbital burns – A 6 year review of management and outcome. *Burns* 2015; 41:616–623.
- ¹⁸ Gupta N, Kalaivani M, Tandon R. Comparison of prognostic value of Roper Hall and Dua classification systems in acute ocular burns. *Br J Ophthalmol*. 2011;95(2):194–8.
- ¹⁹ James J. The treatment of severe burns of head, hands and feet. *Tropical Doctor* 2001 Jul; 31(3):178–80.