



## CLINICAL GUIDELINE

# Ocular Chemical Injury Management, Acute

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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### Important Note:

The online version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

# Chemical Injury

## Immediate

- Check pH
- Topical anaesthesia,
- Copious irrigation  
At least 20mins and 1-2 l
- Remove particulate matter

- Check pH 5mins after end of irrigation, continue till pH neutral
- Recheck pH again 30mins later, re-irrigate if not neutral

## History

- Chemical- type, volume, length of exposure
- Mechanism of injury
- Time of injury
- Activity leading to injury

- Eye protection
- Time initial irrigation
- Emergency tx received
- Other injuries

## Examination

- Visual Acuity
- Fornices and lid eversion for particles
- Conjunctiva- epithelial defect, inflammation
- Cornea- epithelial defect, clarity, integrity, sensation
- Limbal ischemia (0-360°)

- IOP
- Anterior chamber reaction
- Lens and iris damage
- Fundus
- Adnexal damage
- Consider other injuries: Skin, Oral, Resp, GI

## Treatment : Severity Dependant

- Chloramphenicol (PF) qid
- Maxidex (PF) (up to 1°)
- Ascorbic acid 1-2g /day and/or 10% sodium ascorbate (up to 2°)

- Oxytetracycline 250mg qid
- Consider Cyclopentolate 1%
- Tx raised IOP (consider Diamox to limit topical tx)
- Treat or refer other injuries

## Follow up: Severity Dependant

Consider if admission is required  
Significant injuries refer to corneal team  
Outpatient review 1/7