Corneal Abrasions	Referral Guide: Page 1 of 1	**Ophthalmology**

Diagnosis/Definition:

Corneal abrasions – loss of a portion of the epithelial lining of the cornea most commonly occurs in the setting of some kind of direct trauma to the globe. The condition is typically quite painful due to the high concentration of nerve endings in the human cornea. Some cases of traumatic corneal abrasions become chronically recurrent due to subsequent abnormalities in epithelial adhesion. The so-called Recurrent Erosion Syndrome typically presents as a classic report of corneal abrasion symptoms that occur upon awakening and eye opening.

Initial Diagnosis and Management:

Visual inspection of the cornea using sterile fluorescein staining and appropriate "blue light" activation (cobalt filtered or Woods Lamp) reveal the typical staining pattern of epithelial loss. It is very helpful to first anesthetize the cornea with topical proparacaine prior to beginning the evaluation. **Do not leave the topical anesthetic in the room with the patient**. Severe complications result from the surreptitious use of topical anesthetics and patients should be counseled on the absolute contraindications for anything other than diagnostic use limited to the examination by the caregiver.

Ongoing Management and Objectives:

Ocular patching is a time-honored effective method to promote rapid healing of most corneal abrasions. Rule out antibiotic allergies prior to applying antibiotic ointment to the eye prior to patching over the closed eyelid. Have the patient return for a brief visit in 24 to 36 hours to re-evaluate after patch removal. If milder symptoms still persist, patching can be repeated for another 24 hours. The majority of symptoms should resolve within 2-3 days. Parenteral analgesics may be prescribed to help patients feel more comfortable. Never prescribe or dispense topical anesthetics to patients.

Indications for Specialty Care Referral:

Non-resolving pain or escalating symptoms and signs (redness, blurring of vision, discovery of infiltrate in cornea).

Test(s) to Prepare for Consult:	**Test(s) Consultant May Need To Do:**
None needed.	Tissue culturing.

Criteria for Return to Primary Care:

Resolution of complications.

Revision History: Created **Revised**