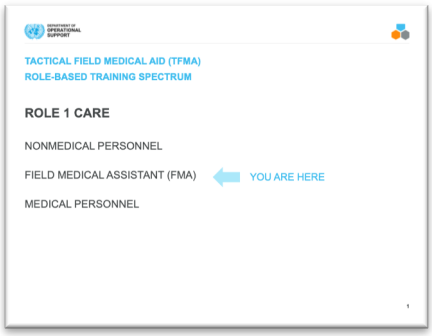
FIELD MEDICAL ASSISTANT COURSE (FMAC)

Instructor Handbook

MODULE 13 – **EYE INJURIES**

SLIDE 1 – TITLE SLIDE

SLIDE 2 – TFMA ROLES



Tactical Field Medical Aid is broken up into four roles of care. The most basic, Buddy First Aid is taught to All Service Members (BFAC), which is designed to instruct in the absolute basics of hemorrhage control and to recognize more serious injuries.

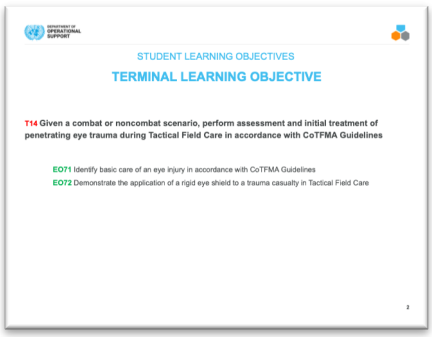
You are in the Field Medical Assistant (FMA) role. This teaches you more advanced care to treat the most common causes of death on the battlefield, and to recognize, prevent, and communicate with medical personnel the life-threatening complications of these injuries.

The Combat Medic/Corpsman (CMC) role includes much more advanced and invasive care requiring significantly more medical knowledge and skills.

Finally, the last role, Combat Paramedic/Provider (CPP) is for Combat paramedics and advanced providers, to provide the most sophisticated care to keep our wounded warriors alive and get them to definitive care.

Your role as a FMA is to treat the most common causes of death on the battlefield, which are massive hemorrhage and airway/respiratory problems. Also, you are given the skills to prevent complications and treat other associated but not immediately life-threatening injuries.

SLIDE 3 – TLO/ELO



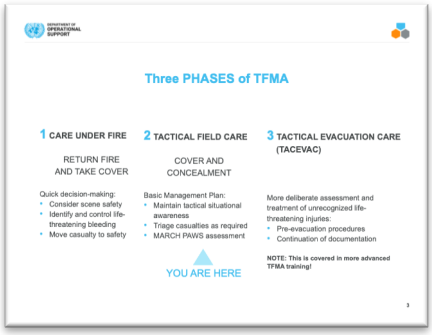
The eye injury modules has **one cognitive learning objective and one performance learning**.

The cognitive learning objective is to identify the basic care of an eye injury, and the performance learning objective is to demonstrate the application of a rigid eye shield to a trauma casualty.

The critical aspects are to recognize eye injuries and the steps to treat them, and then to place a rigid eye shield on a trauma casualty.

SLIDE 4 – THREE PHASES OF TFMA

Remember, you are now in the Tactical Field Care phase of care, and so the focus has shifted from immediate life-threatening hemorrhage control while still under enemy fire in the Care Under Fire phase, to the reassessment of all previous interventions, followed by the prevention and treatment of other injuries and complications such as head and eye injuries.



SLIDE 5 – MARCH PAWS

Eye injuries are part of the "H" in the MARCH PAWS sequence, as they can be considered head injuries.

Remember, you are now in the Tactical Field Care phase of care, and so the focus has shifted from immediate life-threatening hemorrhage control while still under enemy fire in the Care Under Fire phase, to the reassessment of all previous interventions, followed by the prevention and treatment of other injuries and complications such as eye injuries.

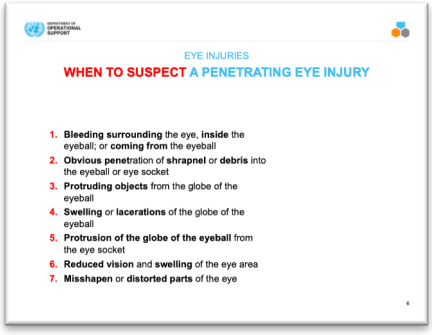
SLIDE 6 – EYE INJURIES OVERVIEW (VIDEO)

Play video.

SLIDE 7 – WHEN TO SUSPECT A PENETRATING EYE INJURY

Eyesight is one of our most important senses. Damage to an eye can be irreversible if not treated correctly as early as possible.

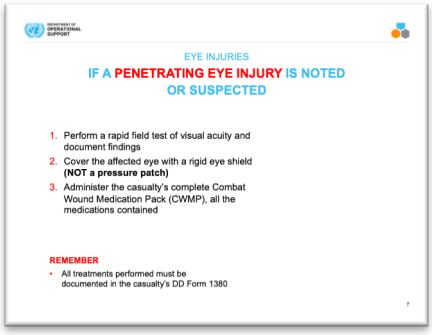
The following signs should make you suspect a penetrating eye injury:



1. Bleeding surrounding the eye, inside the eyeball, or coming from the eyeball
2. Obvious penetration of shrapnel or debris into the eyeball or eye socket
3. Protruding objects from the globe of the eyeball
4. Swelling or lacerations of the globe of the eyeball
5. Protrusion of the globe of the eyeball from the eye socket
6. Reduced vision and swelling of the eye area

7. Misshapen or distorted parts of the eye from normal

SLIDE 8 – IF PENETRATING EYE INJURY IS NOTED OR SUSPECTED



If a penetrating eye injury is noted or suspected, three steps must be taken:

1. Perform a rapid field test of visual acuity and document findings

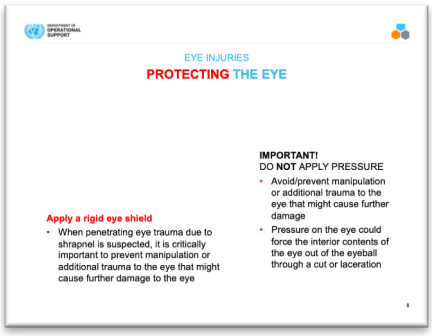
   Rapid visual acuity testing includes the ability to read print, count fingers, identity hand motion, and sense light perception.

2. Cover the affected eye with a rigid eye shield, **NOT a pressure patch**

   A pressure dressing could result in permanent loss of vision. Place a rigid eye shield on only one eye, unless both eyes are injured. Covering both eyes turns an otherwise ambulatory casualty into a litter casualty. Tactical eyewear is always a good way to prevent eye issues and can be used for protection if no eye shield is available.

Remember: Document all findings and treatments on the Casualty Card.

SLIDE 9 – PROTECTING THE EYE



Protect the eye with a SHIELD, not a patch.

A rigid shield will protect the eye from pressure. Avoid/prevent manipulation or additional trauma to the eye that might cause further damage.

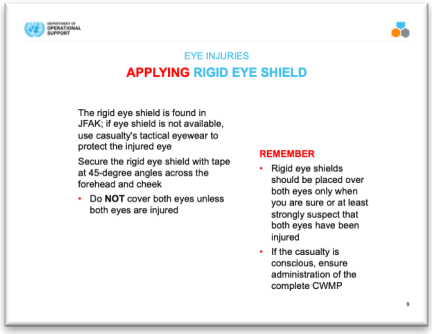
Pressure could force the interior contents of the eye to come out of the eyeball.

Pressure dressings are not part of the care of an eye injured in combat and may result in an avoidable permanent loss of vision.

For protruding or impaled objects extending past the eye shield, cut a hole in it to allow the object to fit through, and secure it in place.

If the eye shield cannot be applied around the impaled object, then use an improvised eye shield to avoid pressure on the eye.

SLIDE 10 – APPLYING THE RIGID EYE SHIELD



When penetrating eye trauma due to shrapnel is suspected, it is critically important to prevent manipulation or additional trauma to the eye that might cause further damage to the eye.

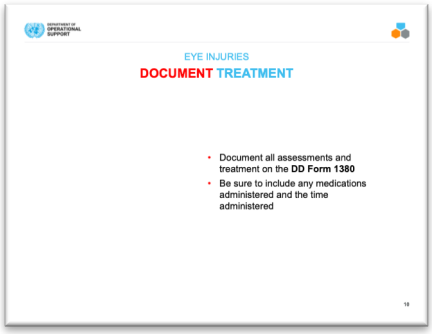
This is accomplished by taping a rigid shield over the eye. **DO NOT apply pressure to the eye.**

Secure the rigid eye shield with tape at **45-degree** angles across the forehead and cheek.

Rigid eye shields should be placed over both eyes only when you are sure or at least strongly suspect that both eyes have been injured. When only one eye has been injured, do not place a shield over the uninjured eye to prevent eye movement. Movement has not been shown to worsen the outcome for the injured eye. Blindness, resulting from placing eye shields over both eyes unnecessarily, makes an otherwise ambulatory casualty a litter casualty and is psychologically stressful.

If no rigid eye shield is available, **tactical eyewear** may be used to protect the eyes from further trauma.

SLIDE 11 – DOCUMENT TREATMENT



Document all assessments and treatment on the Casualty Card.

Be sure to include any medications administered and the time administered.

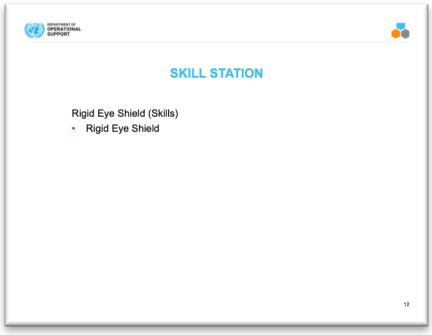
SLIDE 12 – APPLYING THE RIGID EYE SHIELD

Play video.

SLIDE 13 – SKILL STATION

At this time we will break into skill stations to practice the following skills:

- Rigid Eye Shield



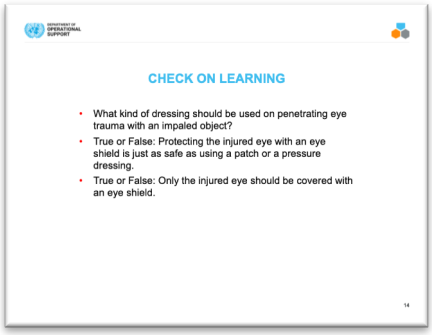
SLIDE 14 – SUMMARY

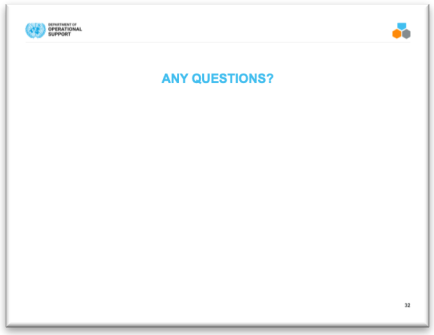
In this module, we discussed basic care of an eye injury. We addressed how to recognize an eye injury, steps to treat it, application of a rigid eye shield to a trauma casualty, and proper documentation.

SLIDE 15 – CHECK ON LEARNING

Ask questions of the learners referring to key concepts from the module.

Now for a check on learning.



1. What kind of dressing should be used on penetrating eye trauma with an impaled object?
    - For protruding/impaled objects extending past the eye shield, cut a hole in it to allow the object to fit through. If you cannot cut the eye shield, place a bulky dressing around the penetrating object.
2. True or False: Protecting the injured eye with an eye shield is just as safe as using a patch or a pressure dressing?
    - False
3. True or False: Only the injured eye should be covered with an eye shield?
    - True

SLIDE 16 – QUESTIONS