

Initial management of ocular burns

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

CONTACT DETAILS

St Andrews Centre (Chelmsford) Adults 0300 44 30475 Children 0300 44 30405
Chelsea & Westminster Hospital (London) Adults 020 3315 2500 Children 020 3315 3706
The Royal London Hospital (London) Adults and Children 0203 594 5693
Queen Victoria Hospital (East Grinstead) Adults 01342 414440 Children 01342 414469
Stoke Mandeville Hospital (Aylesbury) Adults and Children 01296 315040
John Radcliffe Hospital Oxford Adult and Children 01865 234760

PREPARE

- Administer appropriate topical anaesthetic eyedrops to facilitate irrigation and examination
- Remove any exudate, particulate matter, debris and scabs from the eye
- Remove contact lenses if able
- Check corneal ph (mean ph of tears is 7.6)

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
- Commence urgent irrigation with a sterile isotonic solution (e.g. Hartmann's or Normal Saline), an amphoteric solution (Diphoterine®), or water.
- Irrigate for as long as practically safe and possible. Keep patient warm to prevent hypothermia (children and elderly are most susceptible).
- Keep unaffected eye uppermost to avoid cross contamination
- 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.
- Rinse the eye and the deep fornices thoroughly. Invert the eyelids.
- In chemical injuries, repeat the pH test soon after the irrigation has ceased and again 30 minutes later

ASSESS

- Re-apply topical anaesthetic if needed to allow for adequate assessment
- Examine the lids and face for chemical or thermal burns
- Exclude any ocular, intraocular, or intraorbital foreign body or chemical
- Fluorescein corneal staining
- Review by ophthalmology
- Clouding of the cornea and perilimbal blanching
- Visual acuity examination (with ophthalmology input)
- Intraocular pressure (with ophthalmology input)

TREAT

- Check Tetanus immunisation status
- Trim singed or scorched eyelashes
- Apply chloramphenicol ointment to burnt eyelids and ocular surface to reduce the risk of infection
- Sit patient upright to reduce facial and eyelid oedema

Injuries that fall within the LSEBN Burn Referral Criteria should be discussed with the local Burn Service

Approved by
LSEBN 2026