

Follow strict aseptic technique in examining eye.

Observe for:

- Aqueous or vitreous leaks (fluid leaking from point of penetration)
- Hyphema
- Shape and equality of pupils, reaction to light, prolapsed iris (not perfectly circular)

Apply a Fox shield if available (not a regular eye patch) and apply patch over unaffected eye to prevent bilateral movement.

Maintain bed rest with child in a 30-degree Fowler position.

Caution child against rubbing eye.

Refer to an ophthalmologist.

Infections

Infections of the adnexa and structures of the eyeball or globe may occur in children. The most common eye infection is **conjunctivitis** (see [Chapter 6](#)). Treatment is usually with ophthalmic antibiotics. Severe infections may require systemic antibiotic therapy. Steroids are used cautiously because they exacerbate viral infections such as herpes simplex, increasing the risk of damage to the involved structures.

Nursing Care Management

Nursing care of the visually impaired child is a critical nursing responsibility. Discovery of a visual impairment as early as possible is essential to prevent social, physical, and psychological damage to the child. Assessment involves (1) identifying those children who by virtue of their history are at risk, (2) observing for behaviors that indicate a vision loss, and (3) screening all children for visual acuity and signs of other ocular disorders such as strabismus. This