Treating Clinician: (Print Name)

Presenting Problem: Include mechanism of injury / illness

Past Medical History: Include previous relevant ocular and medical / surgical history

Allergies: Medications:

Social History: Work related injury; smoking / alcohol use

Eye Examination: Evert eyelids and pupil exam

Eye Irrigation: Chemical burns should receive copious irrigation for at least 30 mins or until pH is within normal limits

- 0.9% Normal Saline
- Hartmann's Solution
- N/A

Time irrigation commenced: Amount instilled: pH:

Visual Acuity:

- [R] 6/
- [L] 6/

Pin Hole / Corrected

- [R] 6/
- [L] 6/

Local anaesthetic: Yes No N/A

Fluorescein: Yes No N/A

Ophthalmoscope Exam:

Slit Lamp Examination:

Trial Form
Other Findings: i.e. suspect head trauma

Provisional Diagnosis:

Management Plan: Include all investigations and results

Discharge: If eye pad / shield secured - instruct patient not to drive with eye padded

Disposition: □ Discharged home □ Admit / Transfer: Ward / Hospital:

Follow-up: Please indicate the recommended time period for follow-up and referral to appropriate service:

□ < 24hrs □ 1-2 days □ 1 week □ Other:

□ Ophthalmologist □ OPD Eye Clinic □ LMO □ Emergency Department

□ None □ Other:

Treating Medical Officer (Signature):

Reviewed by Senior ED Medical Officer (print name):

Ophthalmology Registrar / Specialist (print name):

Time of referral: