

EMERGENCIES

1. Chemicals or other toxins splashed into the eye within the last hour. The patient should be instructed to irrigate immediately and profusely with clean water if saline is not available. They should not put any drops into their eyes until they have been examined and the chemical and any damage to the eye have been clearly determined.
2. Sudden loss or decrease of vision, or the appearance of a cloudy veil in front of the eye. This could be a central retinal artery occlusion, in which case the patient must be seen within an hour of occurrence. It could also be a sign of retinal detachment.
3. Penetrating ocular injury. The seriousness must be determined immediately in order to know whether to have the patient come into the office or to send them directly to an emergency service.
4. Forceful trauma to the eye or adnexa. This may result in a blowout fracture of the orbit (which may cause other problems in the sinuses), a retinal detachment, or hyphema (blood in the anterior chamber).
5. Sudden onset of halos around lights, especially if associated with a red, painful eye or brow. This could be an acute angle closure attack which should be treated immediately.
6. Sudden onset of persistent, severe pain in or around the eye, or severe pain on movement of the eye. This could be orbital cellulitis, a severe infection that should be treated quickly to avoid further complications.
7. Foreign body in the eye, or the suspicion of such. Removing a foreign body soon after its introduction can prevent further damage to the eye,
8. Sudden onset of flashing lights and/or floaters. This could be a vitreous detachment, a retinal detachment, or a symptom of migraine.

9. Sudden onset of diplopia (double vision, not blur). This could be the result of a neurological problem or a mass in the brain, and after initial examination, further testing may be ordered.

10. Sudden onset of drooping eyelid. Again, this could be the result of a neurological