If corneal perforation is suspected, place in the supine position, close the eye, and cover it with a dry, sterile dressing.

Assess for potential complications:
- Pain in or drainage from the affected eye
- Hemorrhage with blood in the anterior chamber of the eye
- Flashes of light, floaters, or the sensation of a curtain being drawn over the eye (indicators of retinal detachment)
- Cloudy appearance to the cornea (corneal edema)

Evidence of complications or unusual complaints should be reported to the physician at once. Early intervention is often necessary to preserve sight.

Approach the client on the unaffected side. This approach facilitates eye contact and communication.

Place personal articles and the call light within easy reach. These measures prevent stretching and straining by the client.

Administer antibiotic, anti-inflammatory, and other systemic and topical eye medications as prescribed. Medications are prescribed to prevent infection or inflammation of the operative site, maintain pupil constriction, and control intraocular pressure.

Administer antiemetic medication as needed. It is important to prevent vomiting to maintain normal intraocular pressure.

## Health Education for the Client and Family
- **Teach the client and family about home care:**
  - How to instill eyedrops
  - The name, dosage, schedule, duration, purpose, and side effects of medications
  - How and when to use the eye patch and eye shield
  - The importance of avoiding scratching, rubbing, touching, or squeezing the affected eye
  - Measures to avoid constipation and straining
  - Activity limitations, if ordered
  - Symptoms to report, including eye pain or pressure, redness or cloudiness, drainage, decreased vision, floaters or flashes of light, or halos around bright objects
  - The need to wear sunglasses with side shields when outdoors to reduce photophobia
  - Remind the client that vision may not stabilize for several weeks following eye surgery. New corrective lenses, if necessary, are not prescribed until vision has stabilized. Clients may be alarmed that vision seems worse after surgery than before and need reassurance that visual acuity usually improves with time and healing of the affected eye.
  - Emphasize the importance of keeping recommended follow-up appointments. Provide referral to a community home health agency for assistance with home care after discharge as needed.

Notify the physician immediately. Corneal perforation may occur without warning in clients with corneal ulcers. It places the client at risk for loss of eye contents. Emergency measures are taken to reduce intraocular pressure and maintain eye integrity to preserve vision.

### PRACTICE ALERT

Suspect corneal perforation with complaints of sudden, severe eye pain and photophobia.