

UNITED STATES EYE INJURY REGISTRY

INITIAL REPORT

1) Check appropriate responses 2) Fill out comments 3) File bilateral injury reports separately
4) Submit Data via USEIRONLINE.org 5) Write Down Record ID _____

A IDENTIFICATION:

Patient's Initials: _____
Patient's Home ZIP: _____
Trauma Rec. # _____
Age: _____
Sex: M F U
Injury Date: ____/____/____
Eye: Right Left
Race: _____
Initial Rx MD: _____
Initially Treated At: _____
Reporting MD: _____
Exam Date for Report: ____/____/____
Report Filer's Name: _____
Contact for 6 mo F/U: _____

AA BILATERAL INJURY:

Yes No

B EYE PROTECTION:

No Unknown
 Regular Safety Sun
Glass Shattered? Yes No
 Unknown

C PATIENT A BYSTANDER:

Yes No Unknown

D WORK-RELATED:

Yes No Unknown
Occupation: _____

E PLACE:

01 Industrial Premises
 05 Farm
 10 Home
 20 School
 30 Place for Recreation & Sport*
 40 Street and Highway*
 60 Public Building*
 98 Unknown
 99 Other*

*Specify: _____

F INJURY'S ZIP: _____

G INTENT:

52 Unintentional
 51 Self-inflicted (intentional)
 50 Assault
 53 Abuse
 53.1 Child 53.2 Spouse
 53.3 Elder
 98 Unknown

H DRUG USE:

Yes No Unknown
Describe: _____

ALCOHOL USE:

Yes No Unknown

I SOURCE:

00 Hammer on Metal
 10 Sharp Object*
 11 Nail
 25 Fall
 20 Blunt Object*
 30 Gunshot
 31 BB/Pellet Gun
 32 Paintball
 40 Motor Vehicle Crash
 50 Fireworks*
 60 Burn
 70 Explosion
 90 Lawn Equipment*
 98 Unknown
 99 Other*

*Description of Source: _____

J TISSUES INVOLVED:

00 Lids
 09 Lacrimal System
 10 Cornea
 19 Sclera
 20 Iris
 22 Anterior Chamber
 30 Lens
 40 Vitreous
 50 Retina
 55 Macula
 58 Choroid
 60 Extraocular Muscle
 70 Orbit
 80 Optic Nerve
 99 Other*

*Describe: _____

K VISION (OF BOTH EYES):

DATE: ____/____/____

RE	LE
<input type="checkbox"/> 00- - - - - NLP - - - - -	<input type="checkbox"/> 00
<input type="checkbox"/> 10 - - - - - LP - - - - -	<input type="checkbox"/> 10
<input type="checkbox"/> 20 - - - - - HM - - - - -	<input type="checkbox"/> 20
<input type="checkbox"/> 30 1/200 to 4/200 (CF)	<input type="checkbox"/> 30
<input type="checkbox"/> 40 - - 5/200 to 19/200 - -	<input type="checkbox"/> 40
____ If > 19/200 Specify Acuity ____	
<input type="checkbox"/> 91 - - - Not Tested - - -	<input type="checkbox"/> 91
<input type="checkbox"/> 98 - - - Unknown - - -	<input type="checkbox"/> 98
<input type="checkbox"/> 99 - - - - - Other - - - - -	<input type="checkbox"/> 99

KK EYE NORMAL PRIOR TO INJURY?

Yes Unknown
 No (Explain) _____

L COMMENTS

(Please describe the injury as much as possible):

M INITIAL DIAGNOSES:

OPEN GLOBE INJURY: Yes 18.5 Postequatorial Extension No
LACERATION: 00.0 Adnexal 02.0 Lacrimal
CORNEAL BURN: 12.0 Thermal 12.1 Alkal. 12.2 Acids
CONTUSION: 08.1 Contusion
PARTIAL THICKNESS WOUND: 09.1 Corneal 09.2 Scleral
RUPTURE: 10.3 Corneal _____mm 18.3 Scleral _____mm
 13.3 Corneoscleral _____mm
PENETRATING INJURY: 10.4 Corneal _____mm 18.4 Scleral _____mm
 13.4 Corneoscleral _____mm
IOFB: 90.0 Magnetic 90.1 Ant. Segment 90.2 Post. Segment
 91.0 Nonmagnetic 91.1 Ant. Segment 91.2 Post. Segment
PERFORATING INJURY: 18.2 Perforating Injury 18.21 Corneoscleral
 18.22 Scleroscleral
TISSUE IN WOUND: 11.1 In Visual Axis
Uvea 18.1 Scleral 10.1 Cornea
Vitreous 17.1 Scleral 17.2 Cornea
Retina 17.3 Scleral 17.4 Cornea
Vitreous prolapse into anterior chamber? Yes No
WOUND DEHISCENCE: 19.0 HYPHEMA: 20.0 _____%
IRIS PUPIL: 22.0 Iris Laceration/Dialysis 22.3 Afferent Pupil Defect
IRIS LOSS: 22.1 Partial 22.2 Total
IOP: 24.0 Angle Recession 26.0 Glaucoma, Secondary
 28.0 Hypotony
LENS: 30.0 Cataract (Traumatic) 32.0 Subluxed Lens
 32.1 Dislocated Lens
VITREOUS: 40.0 Hemorrhage 42.0 Penetration
RETINA: 50.0 Retinal Hemorrhage 55.5 Macular Hemorrhage
 51.0 Retinal Edema 55.2 Macular Edema
 52.0 Retinal Defect 52.1 Tear 52.2 Giant Tear
 52.3 Laceration 52.4 Dialysis
 53.0 Retinal Detachment Number of Quadrants? 1 2 3 4
RD TYPE: 53.1 Hemorrhagic 53.2 Tract. 53.3 Rhegm. 53.5 Macular
CHOROID: 58.0 Hemorrhage 58.1 Rupture
OPTIC NERVE INJURY: 82.0 Optic Nerve
ORBITAL: 70.0 Fracture 71.0 Foreign Body 73.0 Hemorrhage
INFLAMMATION: 95.0 Uveitis
 92.0 Endophthalmitis Organism: _____
OTHER: 99.0 Other
Comments: _____

N INITIAL OPERATION: DATE: ____/____/____

REPAIR EYELID WOUND: 00.0 Full-thickness 00.1 Partial-thickness
REPAIR LACRIMAL: 02.0
GLOBE: 18.0 Exploration of Globe
REPAIR CORNEAL: 10.4 Laceration 10.3 Rupture
REPAIR SCLERAL: 18.4 Laceration 18.3 Rupture
REPAIR CORNEOSCLERAL: 13.4 Laceration 13.3 Rupture
IOFB: 90.1 IOFB Removal by Magnet from Anterior Segment
 90.2 IOFB Removal by Magnet from Posterior Segment
 91.1 IOFB Removal by Forceps from Anterior Segment
 91.2 IOFB Removal by Forceps from Posterior Segment
CORNEA: 19.2 Corneal Transplant 19.3 Temporary Keratoprosthesis (TKP)
REPAIR WOUND DEHIS: 19.0 Dehiscence HYPHEMA: 20.0 Removal
IRIS: 22.0 Iridectomy 22.1 Iridoplasty 22.2 Iridotomy
LENS: 30.0 ECCE 30.2 Phaco 30.3 Pars Plana Lensectomy
IOL: 36.1 AC 36.2 PC
VITRECTOMY MECHANICAL: 44.0 Anterior 44.1 Posterior
VITRECTOMY OPEN-SKY: 44.2
ANTIBIOTICS: 45.0 Intravitreal 45.1 Intracameral
RD PROPHYLAXIS: 53.0 Cryopexy 53.1 Laser 53.2 Buckle
RD REPAIR: 53.01 Cryopexy 53.11 Laser 53.5 Buckle
 53.3 Vitrectomy 53.7 Air 53.4 Gas
 53.6 Silicone Oil 53.8 Pneumatic Retinopexy
REPAIR EXTRAOCULAR MUSCLE: 60.0
ORBIT: 70.0 Fract. Repair 71.0 FB Removal 75.0 Decomp.
GLOBE: 93.0 Evisceration 94.0 Enucleation
OTHER: 97.0 None 98.0 Unknown 99.0 Other
Comments: _____