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# Diagnosis/Definition:

Conjunctivitis – Red Eye

Inflammation of the mucosal lining of the eyeball and eye lids is called conjunctivitis. Several common etiologies cause conjunctivitis including: infection (most often viral), allergy, dryness due to hyposecretion or tear film instability, chemical/irritative which also includes solar exposure, and contact lens overwear. Symptoms can vary fairly widely depending on the degree to which the inflammatory reaction mounts. Common symptoms include redness, tearing, itching, mucoid discharge, visual blurring, irritation (burning, foreign body sensation, pain, photophobia), mattering of the eyelids and lashes. The condition is often bilateral.

### Initial Diagnosis and Management:

Initial diagnosis of conjunctivitis is accomplished by surveying the history of illness and performing clinical inspection. A history of concomitant upper respiratory illness is helpful in diagnosing common viral etiologies. Itching as a prominent symptom is suggestive of an allergic etiology. Relative dry eye is a very common underlying cause of mild to moderate conjunctivitis in Colorado and should be included in a differential diagnosis.

Management in general for most forms of conjunctivitis is supportive. Since most infections are viral in origin, use of topical antibiotics should not be automatic. Bacterial conjunctivitis is more often a severe form of conjunctival inflammation marked by muco-purulent discharge and lid caking. For more common presentations, the use of sterile artificial tears to rinse the eye is helpful, as is warm or cool compresses to improve comfort. Topical decongestant agents (Vasocon) can lessen symptoms. Hand washing is important to prevent vector spread or auto-inoculation of the fellow eye. Contact lens wear should be immediately discontinued. Non-steroidal eye drops (Ketorolac) can be effective in relieving common allergic conjunctivitis.

Most instances of conjunctivitis are self-limited. Patients will eventually recover with or without specific treatment in a matter of days or a week or two.

## **Ongoing Management and Objectives:**

Some forms of viral conjunctivitis take longer to resolve than others. Routing monitoring during the convalescent period will help identify those cases that continue to progressively worsen, suggesting a diagnosis other than conjunctivitis. For allergic conjunctivitis, it may be necessary to try more than one topical anti-allergy agent or possibly combine topical with parenteral treatment for optimal control of symptoms. Ocular dryness or chronic tear film instability requires a commitment to daily use of lubricating agents in drop form and occasionally nighttime use of lubricating ointments for optimal control of symptoms – the frequency of use titrated to comfort. The most common reason for treatment "failure" is under utilization of topical lubricants. The need for lubricating drops every hour or two is not uncommon for some patients with moderately severe dryness.

### Indications for Specialty Care Referral:

Non-responsive or progressively worsening symptoms. Keep in mind that benign viral infections can last several weeks but in those cases the symptoms show a positive slope towards gradual improvement. Suspected cases of venereal bacterial conjunctivitis (gonococcal) present as very severe, hyperacute infections that should be referred immediately.

Test(s) to Prepare for Consult:	Test(s) Consultant May Need To Do:
None required.	Ocular cultures. Shimmer dry eye tests.
Criteria for Return to Primary Care:	

Resolution of infection. Stabilization of symptoms on anti-allergy regimen or dry eye program.

Revised

### Revision History: Created

**Disclaimer:** Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.