Conjunctivitis – Pharmacist Assessment and Treatment

**Patient Factors / History**
- Immunocompromised (disease or drug)
- Contact lens wearer

**Assess symptoms**

**Any red flags?**
- Reduction of visual acuity
- Irregular pupils – fixed, smaller, larger
- Visible corneal opacity or haze
- Focal rather than diffuse redness
- Ciliary flush
- Photophobia
- Severe foreign body sensation
- Moderate to severe pain
- Rash +/- blisters around eye
- Hyperpurulent discharge
- Severe headache with nausea

**NO**
- Intermittent symptoms or chronic symptoms?

**YES**
- Consider alternate diagnosis (dry eye, blepharitis)

**Mucopurulent discharge predominates**
- **Bacterial Conjunctivitis**
  - Non-pharm treatment ± lubricants
  - ± Antibiotic eye drop or ointment for 5-7 days

**Follow up in 2 days**

**Itch main symptom ± allergy history**
- **Allergic Conjunctivitis**
  - Non-pharm treatment ± lubricants
  - Antihistamine/decongestant eye drops for up to 2 weeks
  - Antihistamine / mast cell stabilizers
  - Mast cell stabilizers for prophylaxis, chronic symptoms

**Follow up in 3 days**

**Watery discharge predominates ± URTI**
- **Viral Conjunctivitis**
  - Non-pharm treatment ± lubricants
  - Symptomatic care with antihistamine/decongestant eye drop for up to 2 weeks

**Follow up in 1 week**

- NO improvement -- refer

**REFER**
- Sjogren’s, rheumatoid arthritis, thyroid disorder → rule out dry eye syndrome
- Anticholinergics, beta-blockers, oral contraceptives → rule out dry eye syndrome
- Ophthalmic products → rule out hypersensitivity reaction, dry eye syndrome