Conjunctivitis – Pharmacist Assessment and Treatment

**Patient Factors / History**
- 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

  - **REFER**

**Intermittent symptoms or chronic symptoms?**
- NO
  - Mucopurulent discharge predominates
    - **Bacterial Conjunctivitis**
      - Non-pharm treatment ± lubricants
      - ± Antibiotic eye drop or ointment for 5-7 days
      - Follow up in 2 days

- YES
  - Itch main symptom ± allergy history (may have clear / watery discharge)
    - **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 (may have gritty, irritating sensation)
    - **Viral Conjunctivitis**
      - Non-pharm treatment ± lubricants
      - Symptomatic care with antihistamine/decongestant eye drop for up to 2 weeks
      - Follow up in 1 week

  - Consider alternate diagnosis (dry eye, blepharitis)

**Any red flags?**
- YES
  - **REFER**

**NO**
- 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

**Follow up in 3 days**
- No improvement -- refer