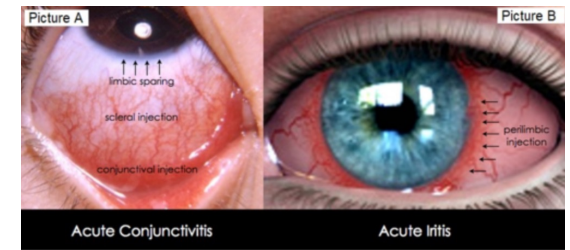


Conjunctivitis

Differentiate conjunctivitis from iritis by noting limbal sparing (no redness at limbus)



Diagnosis	History	Exam	Treatment
Viral (pink eye)	Viral URI symptoms, pharyngitis with adenovirus, unilateral usually spreads to bilateral	Mild conjunctival injection, watery mucoid discharge	Self-limited 1-3 weeks, artificial tears (next slide), cool compresses
Bacterial (also pink eye)	Usually unilateral, “glue eye” (eye stuck shut in the AM), purulent discharge, often unilateral	Conjunctival injection, purulent discharge that continues throughout the day	Self-limited but antibiotics* shorten the course: (next slide) Cool compresses Gently wipe away discharge with clean wet cloth
Allergic (yes, also pink eye)	Itchiness, gritty burning sensation, atopic history, allergic rhinitis symptoms	Conjunctival injection, watery stringy discharge, cobblestoning of tarsal conjunctiva, chemosis	Antihistamine or mast cell stabilizing drops (next slide)
Herpetic keratitis (not conjunctivitis)	Eye pain, photophobia, may have herpetic skin lesions	Watery discharge, <i>no</i> limbal sparing, dendritic lesions on fluorescein exam	Consult ophthalmology urgently: Oral acyclovir, topical steroid drops usually used

* If patient wears contact lenses, must treat with abx and refer to ophtho

Neonatal
See slide 3

[Tip on administering eye drops in kids](#)

Conjunctivitis Medications

Tip: Aminoglycoside (Gentamicin, Tobramycin) and Sulfa antibiotic eye drops can cause irritation, worsen symptoms

Diagnosis	Medication	Dosing
Viral	Artificial tears (OTC)	1-2 gtt prn up to 6x/day
Bacterial	Erythromycin ophthalmic ointment	0.5 inch QID x 5-7 days
	Trimethoprim-polymyxin (Polytrim)	1-2gtt QID x 5-7 days
Bacterial in contact lens pt	Ofloxacin or Ciprofloxacin 0.3%	1-2gtt QID x 5-7 days Stop wearing contact lenses, f/u with ophtho
Allergic	Olopatadine 0.1% or 0.2%	1gtt BID
	Ketotifen 0.025%	1gtt BID
	Azelastine 0.05%	1gtt BID
	Cromolyn sodium 4%	1-2gtt up to 6x/day
	Naphazoline* 0.25% and pheniramine 0.3%	1-2gtt up to QID

* When vasoconstrictor eye drops such as tetrahydrozoline or naphazoline are overused, rebound hyperemia can occur with worsened redness

Neonatal Conjunctivitis

Diagnosis	Time Frame	Exam	Treatment
Chemical (from eye prophylaxis at birth)	Day of life (DOL) 1, resolves by DOL 2-4	Mild injection, watery discharge, +/- eyelid swelling	No treatment needed
Gonococcal	DOL 2-7	Profuse purulent discharge (wipe away and immediately returns) and eyelid swelling	Ceftriaxone 50 mg/kg IM Admit for frequent irrigation Emergent ophtho consult
Chlamydial	DOL 5-14	Swelling mild -> moderate, discharge watery -> mucoid, pseudomembrane, chemosis	Azithromycin oral 20 mg/kg/day x 3 days (topical antibiotics insufficient)
Bacterial	All ages	Conjunctival injection, purulent discharge (less than gonococcal)	Erythromycin ointment ½ inch QID x 5-7 days
Herpetic	DOL 6-14	Injection, lid edema, serosanguinous discharge, fluorescein microdendritic or geographic lesions; skin vesicles	Admit for further evaluation for systemic HSV, IV acyclovir; consult ophtho urgently

Other Common Eye Complaints

Diagnosis	History	Exam	Treatment
Dacryostenosis	Tearing (epiphora), watery mucoid discharge in medial corner of eye, esp. w/URIs	May have debris on lashes, lacrimal sac massage may - > discharge	Lacrimal sac massage 2-3x per day; Observe, refer to ophtho if not gone by 6mo
Subconjunctival hemorrhage	Vigorous coughing, vomiting, straining from constipation, or h/o trauma; not painful	Discrete bright red blood collection between sclera and conjunctiva	Self-resolves in 1-2 weeks depending on size
Pterygium	May have mild redness and irritation, associated with sun exposure, slow growth	Triangular flat tissue usually from nasal conjunctiva onto cornea	Artificial tears Advise to use sunglasses Refer to ophtho if excess patient discomfort
Pinguecula	May have mild redness and irritation, associated with sun exposure, slow growth	Soft yellowish raised growth on conjunctiva, usually limbal (not cornea)	
Corneal abrasion	Trauma, something blowing in eye, eye pain, foreign body sensation	Fluorescein uptake on cornea, tip for exam	Topical antibiotic ointment or drops, oral analgesics, patching no longer used