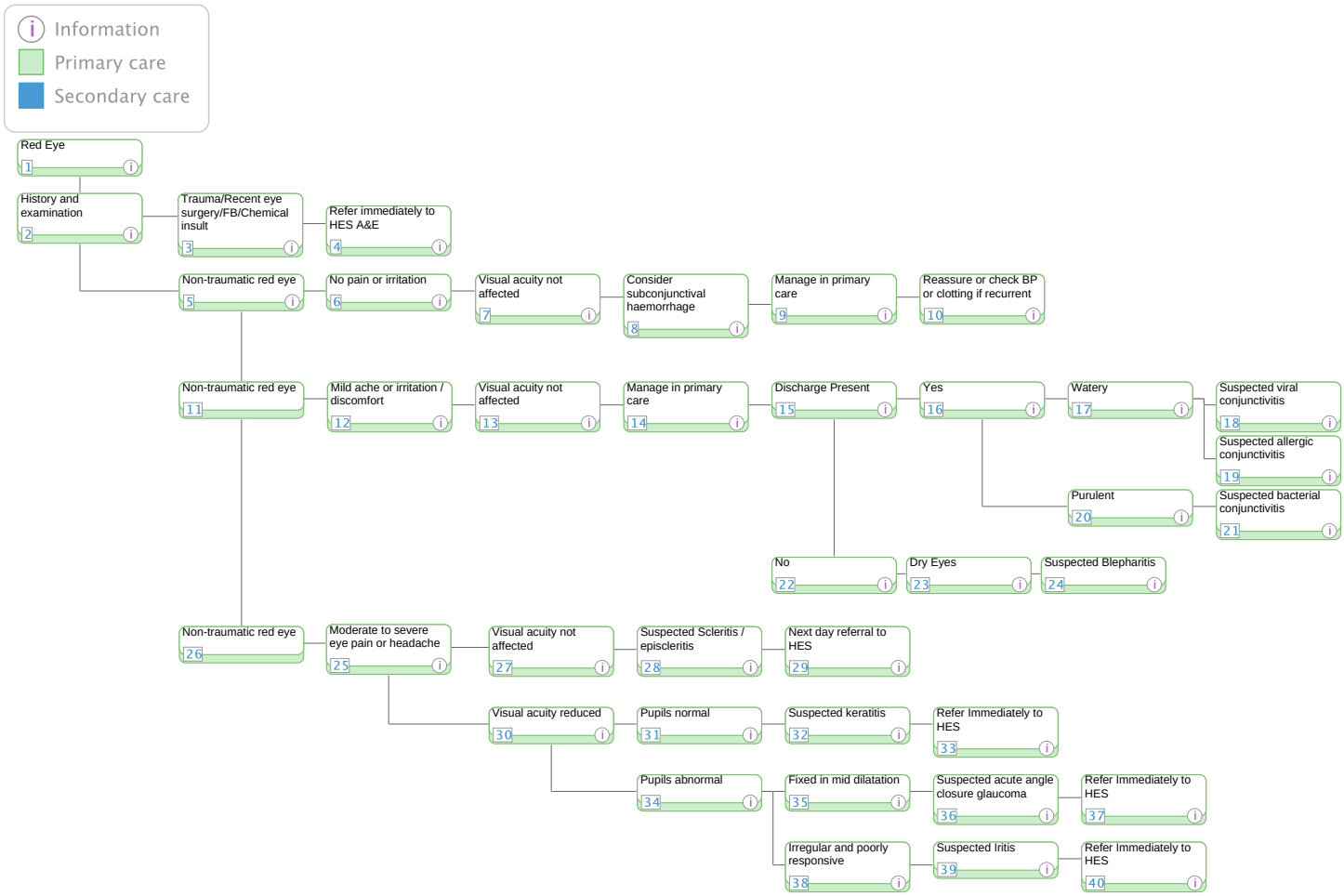
Acute Red Eye - Adults Only

Surgery > Ophthalmology > Red eye - DRAFT



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1 Red Eye

Quick info:

Red Eye

2 History and examination

Quick info:

History:

Key points to cover:

- Pain
- Duration of symptoms
- Unilateral/ bilateral symptoms
- Visual change, eg blurred vision, decreased visual acuity
- Discharge
- Photophobia
- Contact lens wear
- Previous surgery
- Associated symptoms
- Associated features, eg. hypermetropia (angle closure glaucoma), myopia (retinal detachment), nausea/vomiting.

Examination:

- Search the conjunctival fornices: pull down lower lid and evert upper lid for FB's
- Check visual acuity (Snellen chart and newsprint) pinhole if necessary)
- Pupil size, shape and reaction to light
- Eye movements and alignment
- Visualfields
- Cornea (with Fluorescein and blue light and pen torch). Is the cornea hazy or clear? Epithelial defects? Infiltrates? a break in the cornea will fluoresce (ulcer, abrasion)
- Intraocular pressure; palpating the eye between 2 index fingers at lateral end of tarsal plate.

Equipment Needed:

- Minim fluorescein eye drops
- Bright light pen torch (not your opthalmoscope)
- Snellen chart
- Blue light (for corneal examination after Fluorescein)

3 Trauma/Recent eye surgery/FB/Chemical insult

Quick info:

Traumatic injury may be caused by:

- A high velocity injury (eg. a hammer and chisel injury)
- A sharp injury caused by:
  - needles
  - knives
  - nail guns
  - broken glass
  - debris from angle grinding
  - blunt trauma from a direct or indirect blow to face or eye (eg. from a fist or tennis ball)
- Injuries from paper and fingernails

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- Chemical exposure:
  - eye injuries caused by chemicals such as alkalis can cause blindness

4 Refer immediately to HES A&E

Quick info:
Refer immediately to HES A&E

5 Non-traumatic red eye

Quick info:
Non-traumatic red eye

6 No pain or irritation

Quick info:
No pain or irritation

7 Visual acuity not affected

Quick info:
Visual acuity not affected

8 Consider subconjunctival haemorrhage

Quick info:
Subconjunctival haemorrhage

- Valsalva manoeuvre eg coughing
- Trauma
- Hypertensive patients
- Clotting disorders

Treatment

- Self limiting: reassure
- Only necessary to investigate if recurrent, i.e investigate clotting disorders with haematology workup
- Check BP

9 Manage in primary care

Quick info:
Manage in primary care

10 Reassure or check BP or clotting if recurrent

Quick info:
Manage in primary care

12 Mild ache or irritation / discomfort

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Quick info:
Mild ache or irritation / discomfort

13 Visual acuity not affected

Quick info:
Visual acuity not affected

14 Manage in primary care

Quick info:
Manage in primary care

15 Discharge Present

Quick info:
Discharge Present

16 Yes

Quick info:
Yes

17 Watery

Quick info:
Watery

18 Suspected viral conjunctivitis

Quick info:
Suspected viral conjunctivitis
Most common cause of conjunctivitis
Highly contagious
Acute onset unilateral conjunctival injection
Watering eyes
Adenovirus most common aetiology, can last for 2 weeks

History
Starts in one eye and spreads to other eye
No visual loss
Palpable rubbery pre-auricular lymphadenopathy
Other members of family with similar

Treatment
Symptomatic treatment: cold compresses and tear supplement for comfort.
Advice regarding infectivity, handwashing, seperate towels/pillows/face cloths and utensils.

19 Suspected allergic conjunctivitis

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Quick info:

Allergic conjunctivitis

Seasonal: recurrent allergy at particular times of the year - usually tree pollen or grass pollen

Perennial: recurrent but persistent throughout the year - typically to house dust mites or animal dander

Treatment:

Self care advice

- Cool compresses on eyes
- Sunglasses to be worn
- Closing bedroom windows at night
- Avoid rubbing eyes
- Avoid exposure to allergen if practical

Medication

- Oral or topical ocular antihistamines, Oral if treatment is needed longer term Topical antihistamines act more rapidly
- Mast cell stabilisers like sodium cromoglycate take weeks to work so no use for immediate symptom control
- Mast cells stablisers licensed for prophylaxis of allergic conjunctivitis

Topical Ocular Antihistamine

Azelastine one drop each eye twice a day

Antazoline (topical antihistamine) and xylometazoline combination relieves itching and the vasoconstrictor (xylometazoline) relieves redness. One drop in each eye 2 to 3 times a day.

Oral Antihistamine

Cetirizine

Fexofenadine

Loratadine

All once daily non sedating anthistamines.

Topical Mast Cell Stabiliser*

Sodium cromoglycate (one drop into each eye four times a day)

Ladoxamide (one drop into each eye four times a day)

Nedocromil (one drop b.d increased to q.d.s if required)

***NOTE**

WHEN A TOPICAL MAST CELL STABILISER IS PRESCRIBED ALSO PRESCRIBE AN ORAL OR TOPICAL ANTHISTAMINE FOR SYMPTOM CONTROL WHILE THE MAST CELL STABILISER KICKS IN (TAKES WEEKS)

20 Purulent

Quick info:

Purulent

21 Suspected bacterial conjunctivitis

Quick info:

Bacterial conjunctivitis

- Reassure: most people with bacterial conjunctivitis get better without treatment within 1-2 weeks
- Topical antibiotics make little difference to recovery

- Risk of complications is low
- Advise not to share towels or pillows

Consider offering a topical ocular antibiotic only if:

- Conjuctivitis is severe
- If school or nursery require treatment
- If patient wishes to have a topical antibiotic but advise delaying use for 7 days

22 No

Quick info:
No

23 Dry Eyes

Quick info:
Dry Eyes

24 Suspected Blepharitis

Quick info:
Blepharitis

- A very common, chronic condition especially prevelant in elderly patients associated with rosacea and seborrhoeic dermatitis

Treatment

- Self care advice and support
- Lid hygiene is key
- Daily cleaning with a baby shampoo solution (one teaspoon in pint of warm water)
- Tear substitute for irritation and dry eye
- Hot compresses and eyelid massage may help
- Conservative Rx with Lid hygeine measures + Oc Chloramphenicol 1% for 1 month
- Add ocular lubricants (tear drops/ointment supplements)
- Recurrent blepheritis - Add oral Doxycycline 100 mg BD for 2 weeks followed by 100 mg OD for 6 weeks
- Consider HES referral if decreases in vision, sudden increase in pain or redness

(see www.goodhope.org.uk)

25 Moderate to severe eye pain or headache

Quick info:
Special Consideration

The following are symptoms and signs that may increase the likelihood of referral to HES.

- **Age.** anyone over the age of 50 with hypermetropia is more at risk of closed angle glaucoma.
- **Trauma.** foreign bodies. chemical injury or ocular trauma with risk of serious injury refer to HES for management.
- **Contact lens wearers**. anyone wearing contact lenses (esp soft contact lens wearer) of any kind are at high risk of keratitis
- **Systemic conditions**. Associated systemic conditions such as sarcoidosis or ankylosing spondylitis
- **Previous ophthalmology history**. keratitis and uveitis may be recurrent
- **Proptosis**.red eye with proptosis needs urgent referral.

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27 Visual acuity not affected

Quick info:
Visual acuity not affected

28 Suspected Scleritis / episcleritis

Quick info:
Painless red area or lump on cornea which usually needs steroid eye drops. Refer to HES (next day referral)

29 Next day referral to HES

Quick info:
Next day referral to HES

30 Visual acuity reduced

Quick info:
Visual acuity reduced

31 Pupils normal

Quick info:
Pupils normal

32 Suspected keratitis

Quick info:
Keratitis

- 99% of infective keratitis cases are contact lens wearers (CLW)
- Pain
- Photophobia
- Redness
- Reduced vision
- Corneal infiltrate(s) and/or epithelial defect(s)/ fluorescein staining

33 Refer Immediately to HES

Quick info:
Refer Immediately to HES

34 Pupils abnormal

Quick info:
Pupils abnormal

35 Fixed in mid dilatation

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Quick info:
Fixed in mid dilatation

36 Suspected acute angle closure glaucoma

Quick info:
Acute Glaucoma

- Very painful
- Vision reduced and may c/o coloured haloes
- Often nausea/vomiting/unwell/headache
- Cornea cloudy
- Pupil fixed and semi dilated
- Usually unilateral
- Eye hard and tender to palpation (compare to fellow eye)

37 Refer Immediately to HES

Quick info:
Refer Immediately to HES

38 Irregular and poorly responsive

Quick info:
Irregular and poorly responsive

39 Suspected Iritis

Quick info:
Suspected Iritis

- Ciliary injection (limbal flush)
- Pain is key feature from spasm of the iris muscle
- Photophobic
- Distance vision may be lost
- Field vision - there may be floaters but no field constriction
- Pupils are abnormal (scarring from previous episodes)
- Associated with systemic auto immune disease eg: sarcoidosis, ankylosing spondylitis
- Often recurrent

40 Refer Immediately to HES

Quick info:
Refer Immediately to HES
Will qualify for next day HES referral unless vision is significantly reduced

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Key Dates

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Evidence summary for Acute Red Eye - Adults Only

