



# Conjunctivitis

Dr Kathy Morrison

PhD McOptom BSc(Hons) Optometry Dip Tp(IP)

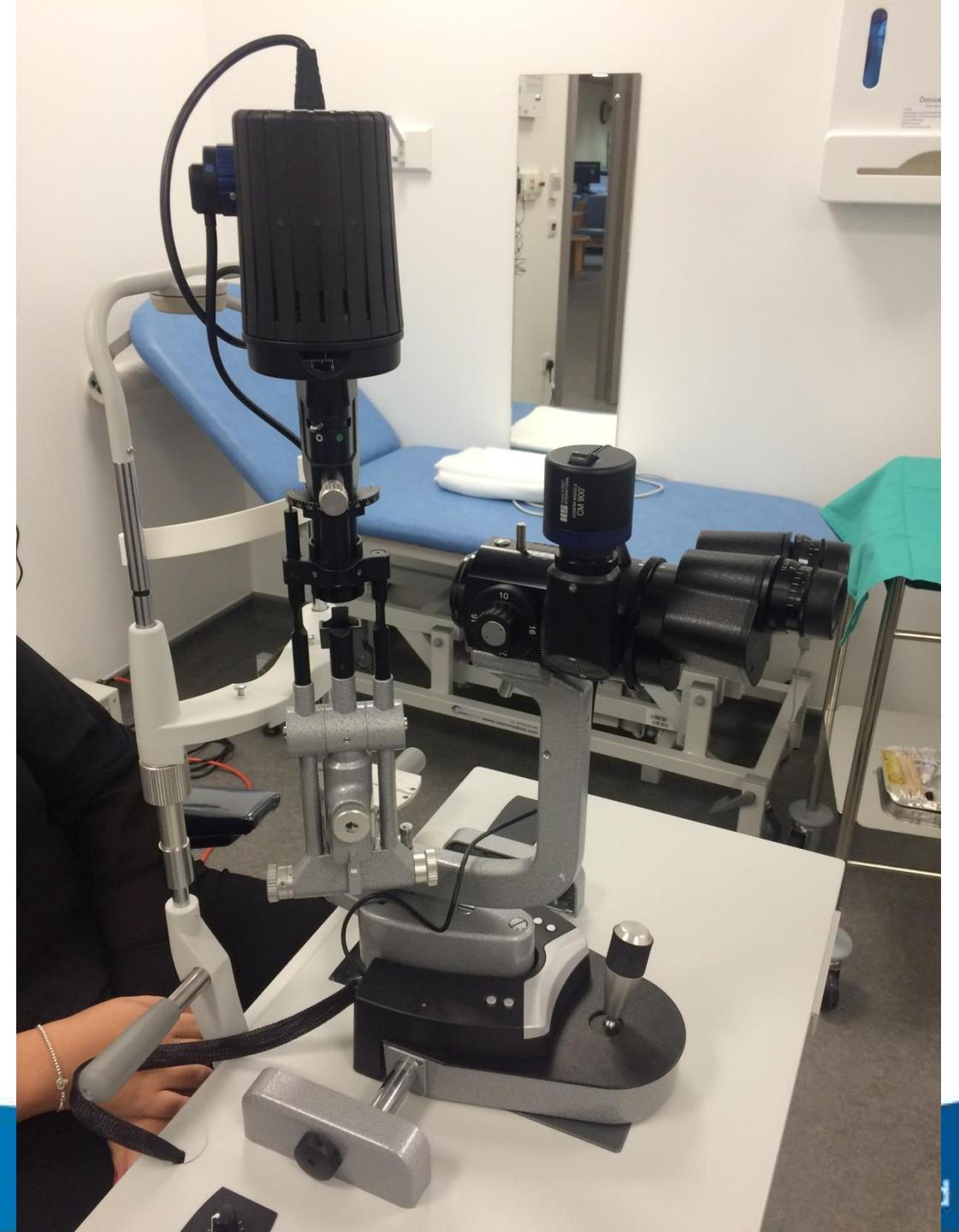
Senior Postgraduate Optometry Tutor NES

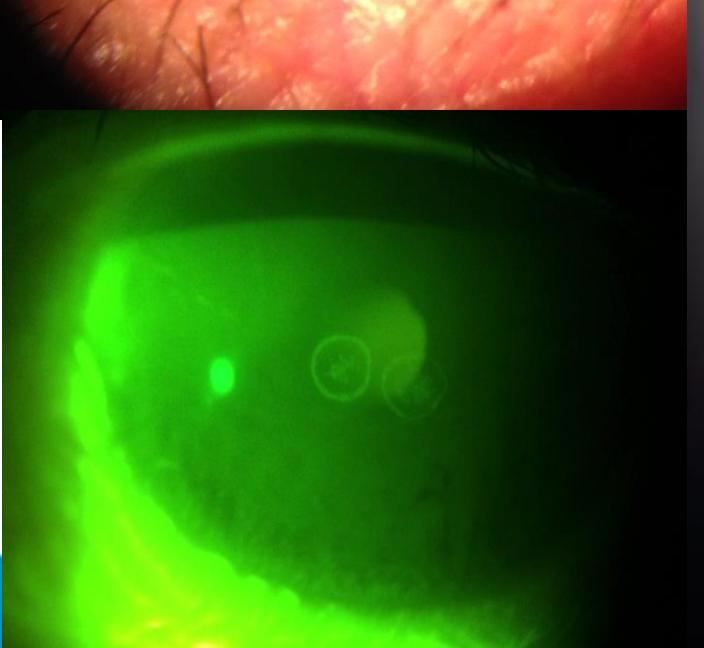
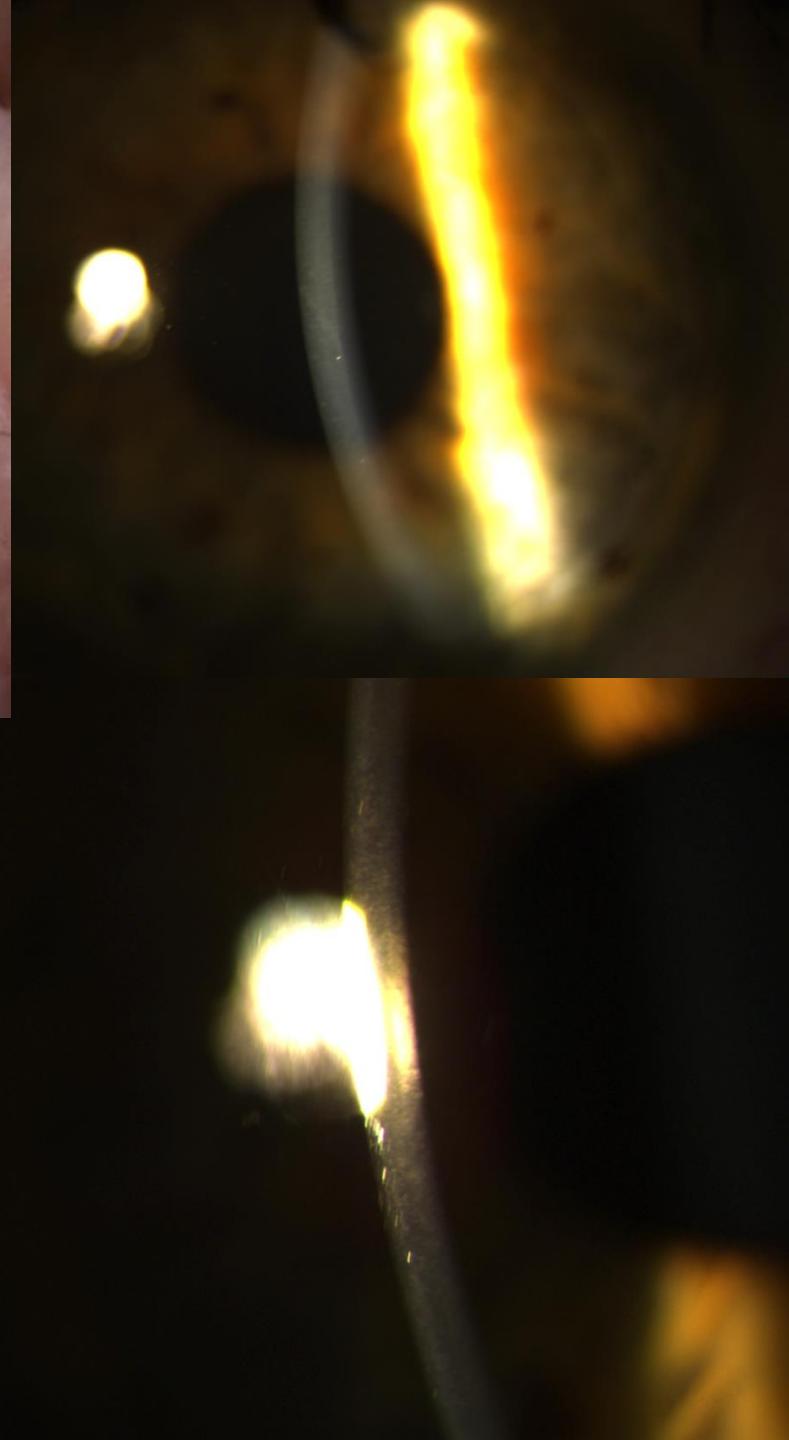
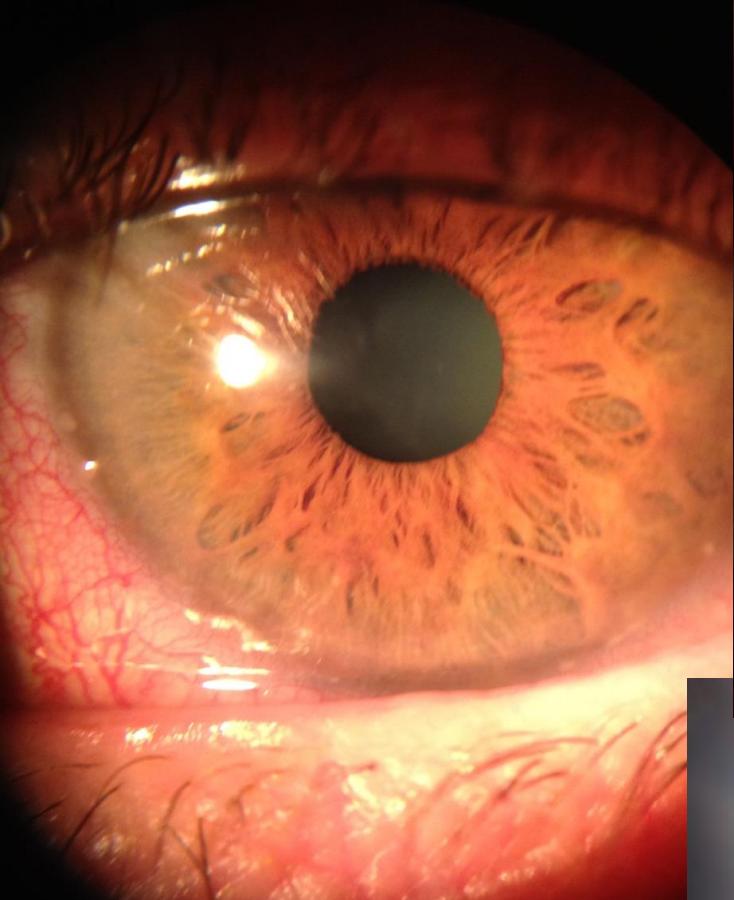
# Types

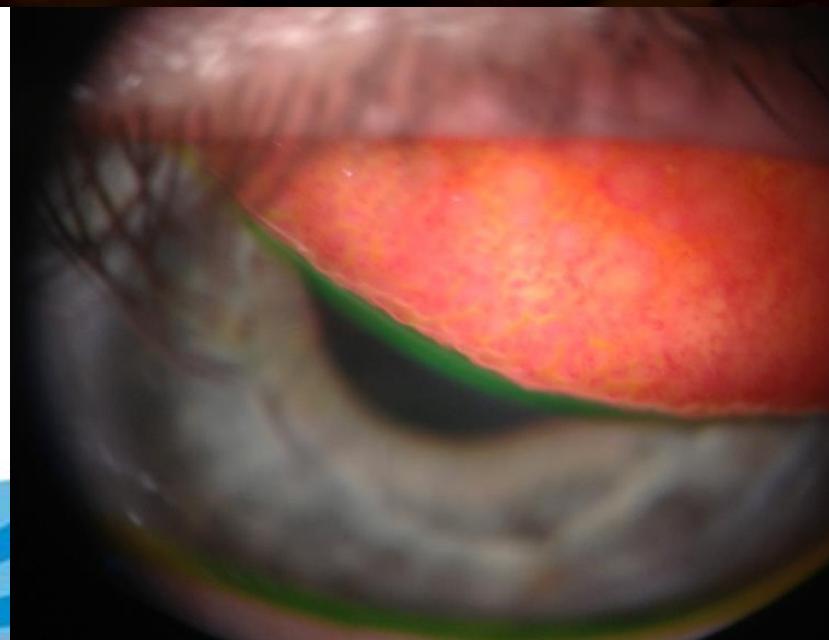
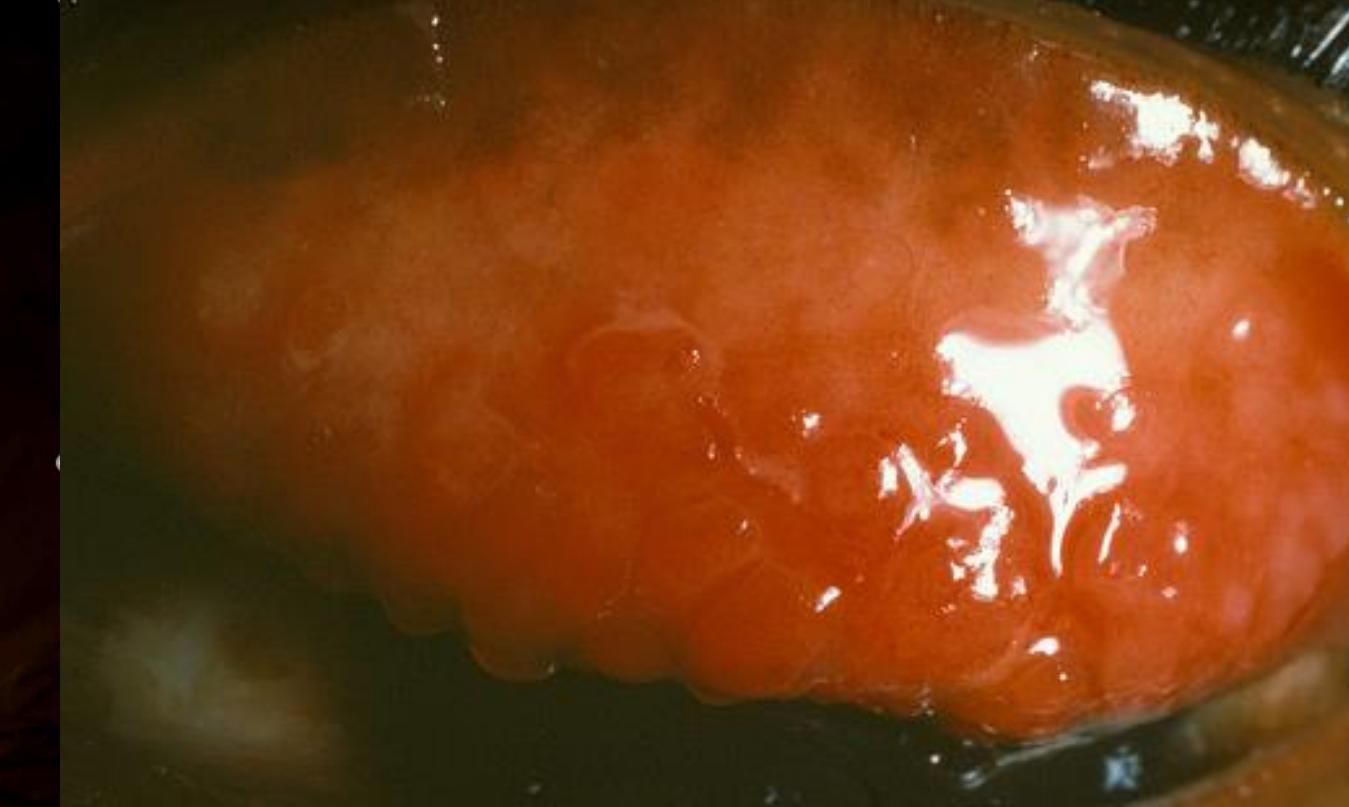
- Atopic keratoconjunctivitis
- Contact lens associated papillary conjunctivitis
- Acute allergic conjunctivitis
- Bacterial conjunctivitis
- Viral, non-herpetic, conjunctivitis
- Seasonal and perennial conjunctivitis
- Conjunctivitis medicamentosa
- Chlamydial conjunctivitis
- Ophthalmia neonatorum
- Vernal keratoconjunctivitis



I couldn't live without  
my Slit Lamp





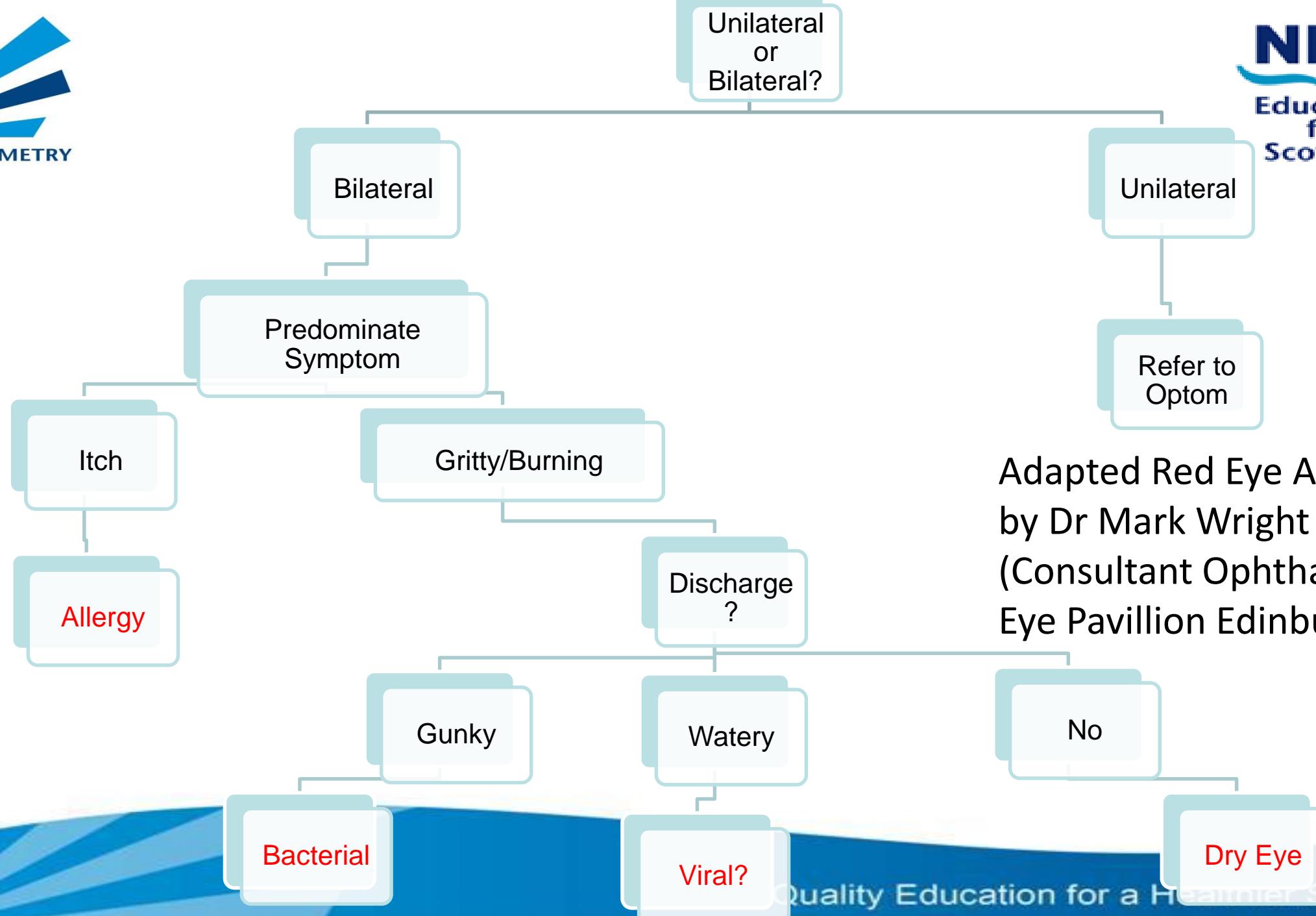


Scotland

# History taking

- Contact lens wearer?
- Vision? Worse than normal?
- Sensitive to light?
- Swelling (in particular unilateral)?
- Nausea/vomiting/temperature?
- Possible Foreign body/abrasion?
- Painful?
- Skin rash?
- On medication likely to suppress bone marrow?
- Pain on eye movements?
- Been symptomatic >4days
- Other eye problems eg glaucoma?
- Thyroid problems/Diabetic?





Adapted Red Eye Algorithm  
by Dr Mark Wright  
(Consultant Ophthalmologist  
Eye Pavilion Edinburgh)



# CHLORAMPHENICOL?

# To prescribe or not to prescribe?

- Lancet study suggested antibiotics in children add no clinical value
  - Mean time to cure was 5 days with those given chloramphenicol
  - Mean time to cure was 5.4days with NO chloramphenicol
- 2005 BJGP study:
  - In adults and children, antibiotics add no clinical value by day 7
  - Antibiotics provide small benefits in terms of earlier resolution of symptoms
    - No antibiotics: 4.8days
    - Immediate antibiotics: 3.3days
    - Delayed script: 3.9days



## LOOK OUT

If you think your child has infective conjunctivitis  
(sometimes known as 'pink eye')

Infective conjunctivitis typically involves red or pink eyes that may be sticky or watery and can cause irritation, although the condition is usually pain free. Most cases clear up in a few days without any treatment.

### You DON'T need to:

- See a GP or practice nurse
- Use antibiotics
- Keep them away from school (unless they are feeling particularly unwell)

### You DO need to:

- Bathe any sticky or crusty coating on eyelids or eyelashes with water and cotton wool
- Keep their eyes uncovered
- Discourage them from touching their eyes
- Encourage them to wash their hands with soap and warm water regularly throughout the day
- Make sure they use their own towels and pillows
- Buy lubricant eye drops over the counter from a pharmacist in severe cases

# November 2016

An estimated 160,000 GP appointments could be freed up if schools stopped sending home children with infective conjunctivitis, according to [the Royal College of General Practitioners](http://www.rcgp.org.uk).

Research published in the British Journal of General Practice earlier this year revealed that the vast majority (86.7%) of nursery schools across England, Scotland and Wales currently exclude children with conjunctivitis from attending, while half of these (49.4) refused to admit them without a prescription for antibiotics.

This goes against clinical guidance from Public Health England advising that treatment for conjunctivitis is only appropriate, and indeed necessary, in severe cases.

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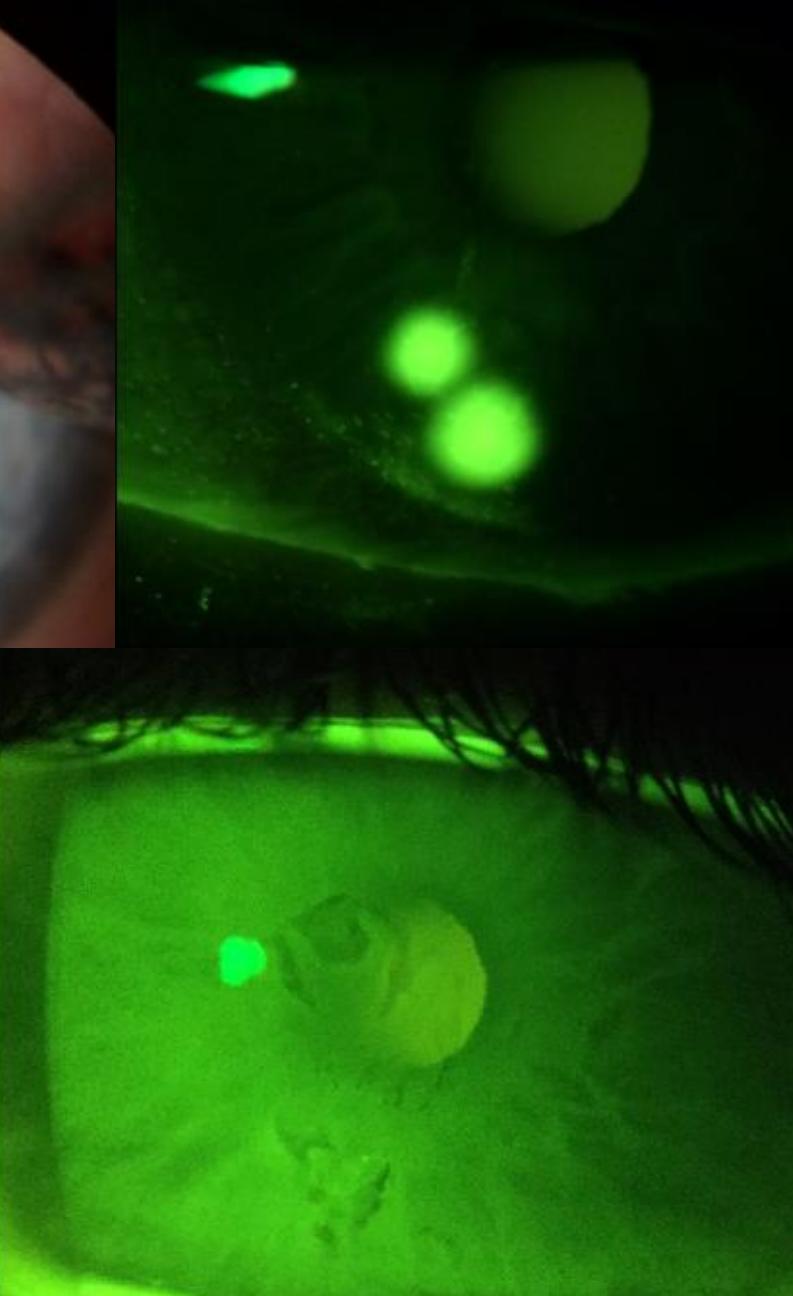
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# IF you absolutely HAVE to give it....



- Follow your PGD
- Adults and children 1 year and over: Instil one drop into the affected eye every two hours for the first 48 hours, then four hourly thereafter. To be used during waking hours only.
- Maximum 5 days, if no improvement in 48 hours seek advice from Optometrist.



# SUPPLEMENTARY EYE EXAMINATIONS



# Supplementary Eye Exams



- 1st April 2005 – change in General Ophthalmic Services (GOS): Optometry first port of call
- Get to know your local Optometrist
  - <https://www.optical.org/en/utilities/online-registers.cfm> allows you to search for those with an Independent Prescribing Speciality
- EVERYONE is entitled to a Primary sight test every 2 years (some groups are annual)
- No limit on Supplementary examinations

# Supplementary reason code guidance | Use from 1 April 2010

The following supplementary codes are to be used with immediate effect. The accompanying guidance clarifying the use of the codes has been produced in consultation with the Scottish Government Health Directorates and Optometry Scotland. For the purposes of NHS primary and supplementary eye examinations, "sight test" means a refraction.

**2.0**

## Cycloplegic sight test following routine eye examination

This code is to be used when a patient requires a cycloplegic refraction following a routine primary eye examination.

**2.1**

## Paediatric review within 6 months

This code is to be used for a review appointment for children following a primary eye examination. Examples would be a follow up appointment for a child to check that spectacles are helping to treat a child who has presented within 6 months with amblyopia, or binocular vision anomaly, and abnormal stereopsis and so on.

**2.2**

## Referral refinement/repeat or follow-up procedures

This code is to be used for procedures that are required to refine the result and help confirm a diagnosis to determine whether the patient needs a referral or to be retained for ongoing care in the community. This code can also be used for a sight test which could not be undertaken at the primary eye examination due to eye infection, disease or injury. It should be used for any appropriate follow-up procedures. For example, follow-up on flashes and floaters and for repeat procedures, for instance repeat threshold visual fields, slit lamp biomicroscopy and/or digital retinal photography.

**2.3**

## Suspect glaucoma

This code to be used where the patient is being reviewed as they have suspect glaucoma. This could include repeat threshold visual fields, repeat applanation tonometry or slit lamp biomicroscopy.

**2.4**

## Patients under 60 with suspect conditions as detailed below:

This code is to be used for a patient under 60 years of age with suspect cataracts, suspect macular disorders, suspect diabetic retinopathy, suspect vitreo retinal disorders, suspect glaucoma, suspect neurological symptoms, suspect tumour risk or small pupils measuring 2mm or under, who require a dilated slit lamp examination and any other tests and procedures appropriate to the patients symptoms.

**2.5**

## External eye/anterior segment as detailed below. This code also needs to cover patients who present with an anterior eye disorder within the normal interval between primary examinations.

This code is to be used where the patient is being examined or reviewed for an anterior segment disorder, damage or infection, as detailed in the patient's record, for example, corneal abrasion, foreign body, dry eye, conjunctivitis, red eye, scleritis, episcleritis, iritis or uveitis; for an external eye examination/assessment using slit lamp and relevant diagnostic agents.

**2.6**

## Sight test for child under 16 referred by Hospital Eye Service

This code is to be used where a child has been referred by the Hospital Eye Service for a cycloplegic refraction.

**2.7**

## Patient discharged by Hospital Eye Service following cataract operation

This code is to be used for a patient who has been discharged from the Hospital Eye Service who requires a postoperative cataract examination and sight test.

**2.8**

## Sudden vision loss/flashes and floaters or reduced visual acuity or neurological symptoms

This code is to be used only for a patient who presents for an unscheduled visit within a shorter timescale than set down for primary eye examinations with, for example; reduced visual acuity, sudden vision loss, sudden onset flashes and floaters or neurological symptoms. The examination/assessment might include a sight test, macular assessment, slit lamp biomicroscopy (which may include mydriasis), and any other tests and procedures appropriate to the patient's signs and symptoms. This code is not to be used for a patient review examination.

Further information on the amendment to National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 is available in the Primary Care Administration letter NHS: PCA(O)(2010)01:

[http://www.show.scot.nhs.uk/sehd/pca/PCA2010\(O\)01.pdf](http://www.show.scot.nhs.uk/sehd/pca/PCA2010(O)01.pdf)

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# What isn't covered by GOS

They need to go back to the Optom that prescribed their lenses and *may* be charged.



If in ANY doubt see your  
Optometrist!

