



CLINICAL GUIDELINE

Bacterial Conjunctivitis Management

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Conjunctivitis

Commonly irritated red eye with mainly normal vision

	Bacterial	Viral	Allergic	Toxic
Main symptom	Sticky	Watery	Itchy	Photophobic
Laterality	Unilateral	Starts in one, spreads to other	Bilateral	Depends on use of multiple drops
Swabs?	If purulent	Unnecessary in acute phase	No	No
Treatment	Topical antibiotics	Cool compresses Lubricants Strict hygiene	Cool compresses Lubricants Sodium Cromoglycate	Stop all drops Lubricants

Eye Swabs

- ❖ Don't use routinely (likely to be negative), and unnecessary in obvious pathology eg dendrite
- ❖ Useful in chronic cases to identify chlamydial or adenoviral conjunctivitis
- ❖ Ensure patient is informed re possible outcome of swabs and given information leaflet
- ❖ Check correct phone number to contact patient if positive result
- ❖ If positive Chlamydia result, phone Sandyford health advisor for treatment advice and follow up appointment. Then phone patient and ask them to come into Casualty for results.
- ❖ Do not leave results as an answer phone message!

Provided by- Dr. D. Lockington

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