



“**Pink eye**”. Inflammation of the conjunctiva: the transparent tissue covering the outer wall of the eye (sclera) and the inner surface of the eyelids. Dilation of conjunctival blood vessels causes the pink hue.

PRESENTATION				
	ALLERGIC	IRRITANT	VIRAL	BACTERIAL
Laterality	Bilateral	Bilateral	Bilateral	Unilateral > bilateral
Discharge	Minimal, ropey	Watery	Minimal, watery	Purulent
Sensation	Itchy , gritty, blurriness	Burning , gritty, blurriness	Irritation, stinging, blurriness	Irritation, stinging, blurriness
Associated with	<ul style="list-style-type: none"> Puffy “allergic shiners” Allergen exposure 	<ul style="list-style-type: none"> Chlorine, shampoo, smoke, chemicals 	<ul style="list-style-type: none"> Pre-auricular lymphadenopathy URTI symptoms Sick contacts 	<ul style="list-style-type: none"> Sick contacts Poor contact lens hygiene
MANAGEMENT				
	ALLERGIC	IRRITANT	VIRAL	BACTERIAL
Cool compress, Artificial tears	✓	✓	✓	✓
Antihistamines	✓			
↓ Exposure	✓	✓		
Frequent hand hygiene			✓	✓
No contact lenses until resolved	✓	✓	✓	✓
Topical antibiotics for bacterial only	<p>Non-contact lens users: Erythromycin or Bacitracin/Polymyxin B</p> <ul style="list-style-type: none"> Covers: <i>H. influenzae</i>, <i>S. pneumoniae</i>, <i>M. catarrhalis</i>, <i>Staphylococcus spp.</i> <p>Contact lens users: fluoroquinolones (Moxifloxacin or Ciprofloxacin)</p> <ul style="list-style-type: none"> Covers: <i>Pseudomonas</i> in addition to the above 			

Red flags for urgent ophthalmology referrals



HSV infection	Unilateral vesicular rash or ++ pain	Empiric acyclovir
Gonococcal	Hyperacute, hyperpurulent , severe	Empiric ceftriaxone + azithromycin
Ophthalmia Neonatorum	Conjunctivitis in ≤30 days of life	All the above to cover HSV and CT/NG

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