Conjunctivitis - Level II

BACTERIAL CONJUNCTIVITIS
Level II
(No Level I)

**Skill Level:** RN

**Definition:** Inflammation of the conjunctiva due to bacterial infection.

<table>
<thead>
<tr>
<th>Subjective:</th>
<th>Assessment:</th>
</tr>
</thead>
</table>
| • No eye pain.  
  • “I wake up with crusty eyelids.”  
  • “My eyes, water, itch, and burn”  
  • “My vision is a little blurry but I can see pretty well.”  
  • I have seasonal allergies that effect my eyes.  
  • I have a cold.  | • Impaired comfort  
  • Impaired tissue integrity related to infection, irritation (chemical/mechanical) |

<table>
<thead>
<tr>
<th>Objective:</th>
<th>Plan:</th>
</tr>
</thead>
</table>
| • Excessive blinking/tearing may be present.  
  • Conjunctiva inflammation (“blood shot eyes”), swelling and/or pus observed.  
  • No eye pain or recent trauma, no visual changes from baseline.  
  • No redness, swelling or other signs of infection on the facial skin around the eyes.  
  • Possible history of seasonal allergies causing allergic conjunctivitis.  
  • Patient is not immune compromised.  | • **Check for allergies to medications.**  
  • Remove and stop use of contact lenses until seen by a physician and approved to resume use.  
  • Test visual acuity, should be close to baseline.  
  • If evidence of bacterial infection of the lids—observed redness, and/or pus-like discharge—may treat with:  
    --Gentamicin Ophthalmic Drops: 1 to 2 drops four times daily while awake for 5 days  
    --Ciprofloxacin Ophthalmic Drops: 1 to 2 drops four times daily while awake for 5 days  
  OR  
  --Ciprofloxacin Ophthalmic Drops: 1 to 2 drops four times daily while awake for 5 days  
  • Nurse follow-up appointment in 24-48 hours, if symptoms have not improved, consider provider visit.  
  • Many eye infections are viral or due to allergies and do not respond to topical antibiotic drops.  
  • For suspected allergic conjunctivitis, suggest antihistamines from canteen.  
  • Refer to physician if patient does not fit protocol or if patient has HIV or is otherwise immune compromised.  |
Conjunctivitis - Level II
Nursing Education: see also chart below

1. Bacterial Conjunctivitis is uncommon compared to Allergic or Viral Conjunctivitis.
2. Findings that support a bacterial cause include conjunctiva redness and swelling, tearing, and a gritty sensation to the eye. Usually a stringy, pus-like discharge causes the lids to stick together, especially after sleeping.
3. A unilateral eye infection is more often bacterial.
4. Viral conjunctivitis is often associated with an upper respiratory tract infection, cold, or sore throat.
5. When related to allergies, the symptoms are often seasonal. Patients will usually have a history of allergies.
6. A hordeolum (stye) is an acute purulent inflammation of the eyelid that "points" like an abscess. They generally respond poorly to topical antibiotics but do often respond well to warm packs.
7. Swelling or other signs of infection on the facial skin around the eyes frequently signifies a serious bacterial infection. Call provider.

Patient Teaching and Precautions:

1. Do not rub eye(s).
2. Instruct on frequent, careful hand washing - use clean towel.
3. Explain to the patient the purpose of medical treatment.
4. Avoid eye cosmetics until resolution.
5. Advise patient not to wear contact lenses until seen by physician if they are normally used
6. Patient education regarding treatment of allergies and colds

APPROVED:

Medical Services Manager ____________________________ Date __________

Chief Medical Officer ____________________________ Date __________

Clinical Medical Director ____________________________ Date __________

Effective Date: ____________________________
Revised: December 2017
Supersedes: February 2015
**Nursing Education**

1. Currently available protocol medications treat only bacterial conjunctivitis. Do not treat with antibiotic drops unless patient fits the criteria above.
2. This table helps distinguish bacterial causes of eye redness from other causes:

<table>
<thead>
<tr>
<th>Etiology</th>
<th>Condition</th>
<th>Onset/Duration</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial</td>
<td>Hyperacute</td>
<td>Acute</td>
<td>Purulent discharge, sometimes pain</td>
</tr>
<tr>
<td></td>
<td>bacterial</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute bacterial</td>
<td>Acute</td>
<td>Tearing, lid crusting</td>
</tr>
<tr>
<td></td>
<td>Chronic bacterial</td>
<td>Chronic</td>
<td>Lid crusting, foreign body sensation</td>
</tr>
<tr>
<td>Viral</td>
<td>Adenoviral</td>
<td>Acute</td>
<td>Tearing, lid crusting upon awakening</td>
</tr>
<tr>
<td></td>
<td>Herpetic</td>
<td>Acute</td>
<td>Tearing</td>
</tr>
<tr>
<td>Allergic</td>
<td>Seasonal</td>
<td>Seasonal/recurrent</td>
<td>Itching, tearing</td>
</tr>
<tr>
<td></td>
<td>Vernal</td>
<td>Seasonal/chronic</td>
<td>Itching, mucous discharge</td>
</tr>
<tr>
<td></td>
<td>Giant papillary</td>
<td>Acute/chronic</td>
<td>Itching, contact lens intolerance, mucous discharge</td>
</tr>
<tr>
<td>Chlamydial</td>
<td>Chlamydial</td>
<td>Acute/Chronic</td>
<td>Tearing</td>
</tr>
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