

# The Red Eye: Conjunctivitis or Something Serious?

Quick-reference for community pharmacists | Based on NICE CKS and College of Optometrists guidance

## EMERGENCY: Eye Casualty, A&E;, or 999

- Chemical or acid/alkali splash to the eye: irrigate immediately with clean water or saline; continue irrigating; attend Eye Casualty or A&E; without delay. Call 999 if severe pain, reduced vision, alkali exposure, or unable to irrigate safely
- Penetrating eye injury or suspected embedded foreign body: do not irrigate or rub; cover lightly without pressure; avoid eating or drinking; attend Eye Casualty immediately
- Acute angle-closure glaucoma: severe unilateral eye pain, markedly reduced vision, halos around lights, fixed mid-dilated pupil, hazy or steamy cornea, nausea or vomiting

Acute angle-closure glaucoma causes permanent sight loss within hours. Direct to Eye Casualty, Ophthalmology Emergency Department, or A&E.; Call 999 if transport is unavailable or the patient is deteriorating. Do not delay by referring to GP or routine optometry.

## EYE CASUALTY TODAY: Urgent Same-Day Referral

- Unilateral red eye with deep aching or sharp pain, photophobia, or reduced vision: possible uveitis or keratitis
- Visible corneal infiltrate, clouding, or hazy cornea; or irregular, fixed, or poorly reactive pupil
- Contact lens wearer with painful red eye: remove lenses immediately; do not patch the eye; do not restart lens wear until fully assessed; possible keratitis including Acanthamoeba keratitis
- Suspected herpes simplex keratitis: unilateral painful red eye with photophobia, watery discharge, or history of recurrent episodes on the same eye; often misidentified as conjunctivitis
- Vesicular rash around the eye, eyelid, forehead, or on the tip, side, or root of the nose with red eye, eye pain, photophobia, eyelid involvement, or visual symptoms: possible herpes zoster ophthalmicus; do not supply OTC treatment

Also refer to GP or optometrist for a persistent unilateral red eye without an obvious benign cause, or recurrent episodes with no clear trigger. Follow local eye casualty, urgent optometry (MECS/CUES), or A&E; commissioning pathways.

## OTC TREATMENT: Benign Conjunctivitis Only

- Bilateral red or gritty eyes, no pain, no photophobia, normal vision, no other red flags
- Bacterial (purulent discharge, sticky lids): chloramphenicol 0.5% drops or 1% ointment; OTC supply for age 2 and over; follow licensed product instructions. Advise reassessment if symptoms worsen or fail to improve within 48 hours
- Allergic (bilateral itch and watering, often seasonal): sodium cromoglicate, ketotifen, or olopatadine drops
- Viral (watery discharge, mild discomfort): self-limiting; lubricant drops and hygiene advice
- Do not supply steroid eye drops, topical anaesthetic drops, or vasoconstrictor redness-relief drops

Contact lens advice: never rinse lenses or cases with tap water. Acanthamoeba is found in tap water and is a preventable cause of sight-threatening keratitis.

Feature	More likely benign	Red flag
<b>Laterality</b>	Bilateral, both eyes affected	Unilateral, especially with pain or vision change
<b>Pain</b>	None, or mild gritty sensation	Deep aching, sharp, or severe
<b>Vision</b>	Normal visual acuity	Reduced, blurred, or suddenly changed
<b>Photophobia</b>	None or mild sensitivity	Marked; cannot tolerate normal light
<b>Pupil</b>	Round, equal, and reactive	Irregular, fixed, or mid-dilated
<b>Cornea</b>	Clear and transparent	Hazy, cloudy, or visible infiltrate
<b>Discharge</b>	Purulent (bacterial) or watery with itch (allergic)	Little or no discharge despite pain: consider glaucoma, uveitis, or keratitis
<b>Contact lenses</b>	Not worn; occasional use with no pain	Regular wearer with painful red eye: possible keratitis

**Key reminders:** Pain + photophobia + reduced vision = eye casualty, not conjunctivitis. Contact lens wearer + painful red eye: remove lenses immediately, do not patch the eye, refer same day. Severe headache + nausea + unilateral red eye = possible acute angle-closure glaucoma: emergency ophthalmology or A&E.; Chemical splash: irrigate immediately and attend Eye Casualty without delay.