

The Red Eye: Conjunctivitis or Something Serious?

Quick-reference for community pharmacists · Based on Royal College of Ophthalmologists and NICE guidance

■ EMERGENCY: Eye Casualty, A&E, or 999

- Chemical or acid/alkali splash to the eye: irrigate immediately with clean water or saline; attend Eye Casualty or A&E; without delay
- Penetrating eye injury or suspected embedded foreign body: do not irrigate or rub; attend Eye Casualty immediately
- Acute angle-closure glaucoma: severe unilateral eye pain, markedly reduced vision, halos around lights, fixed mid-dilated pupil, hazy cornea, nausea or vomiting

Acute angle-closure glaucoma causes permanent sight loss within hours. Emergency same-day ophthalmology assessment is required: attend Eye Casualty, Ophthalmology Emergency Department, or A&E; according to local pathways. Call 999 if transport is unavailable or the patient is deteriorating rapidly. Do not refer to GP.

■ EYE CASUALTY TODAY: Urgent Same-Day Referral

- Unilateral red eye with deep aching or sharp pain (not just grittiness), photophobia, or reduced vision
- Visible corneal infiltrate, clouding, or whitish opacity
- Irregular, fixed, or poorly reactive pupil
- Contact lens wearer with painful red eye: remove lenses immediately; possible keratitis including Acanthamoeba keratitis
- Suspected herpes simplex keratitis: unilateral painful red eye with photophobia, watery discharge, or history of recurrent episodes; often misidentified as conjunctivitis

Also refer to GP or optometrist: persistent unilateral red eye without an obvious benign cause, or recurrent red eye with no clear cause.

✓ OTC TREATMENT: Benign Conjunctivitis Only

- Bilateral red or gritty eyes, no pain, no photophobia, normal vision
- Bacterial: chloramphenicol 0.5% drops or 1% ointment (OTC for age 2 and over); use according to the licensed product instructions
- Allergic: antihistamine drops (sodium cromoglicate, ketotifen, or olopatadine)
- Viral: self-limiting; lubricant drops and hygiene advice
- Advise: no rubbing, no shared towels, handwashing after touching eyes

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 ■
Laterality	Bilateral, both eyes affected	Unilateral, especially with pain or vision change
Pain	None, or mild gritty sensation	Deep aching, sharp, or severe; not just surface irritation
Vision	Normal visual acuity	Reduced, blurred, or suddenly changed
Photophobia	None or mild sensitivity	Marked; patient cannot tolerate normal light
Pupil	Round, equal, and reactive	Irregular, fixed, or mid-dilated
Cornea	Clear and transparent	Hazy, cloudy, or whitish infiltrate visible
Discharge	Purulent (bacterial) or watery with itch (allergic)	Little or no discharge despite pain: consider glaucoma, uveitis, or keratitis
Contact lenses	Not worn; or 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 and attend eye casualty same day. Severe headache + nausea + unilateral red eye = possible acute angle-closure glaucoma: emergency ophthalmology via Eye Casualty or A&E.; Chemical splash: irrigate immediately with clean water or saline and attend Eye Casualty without delay.