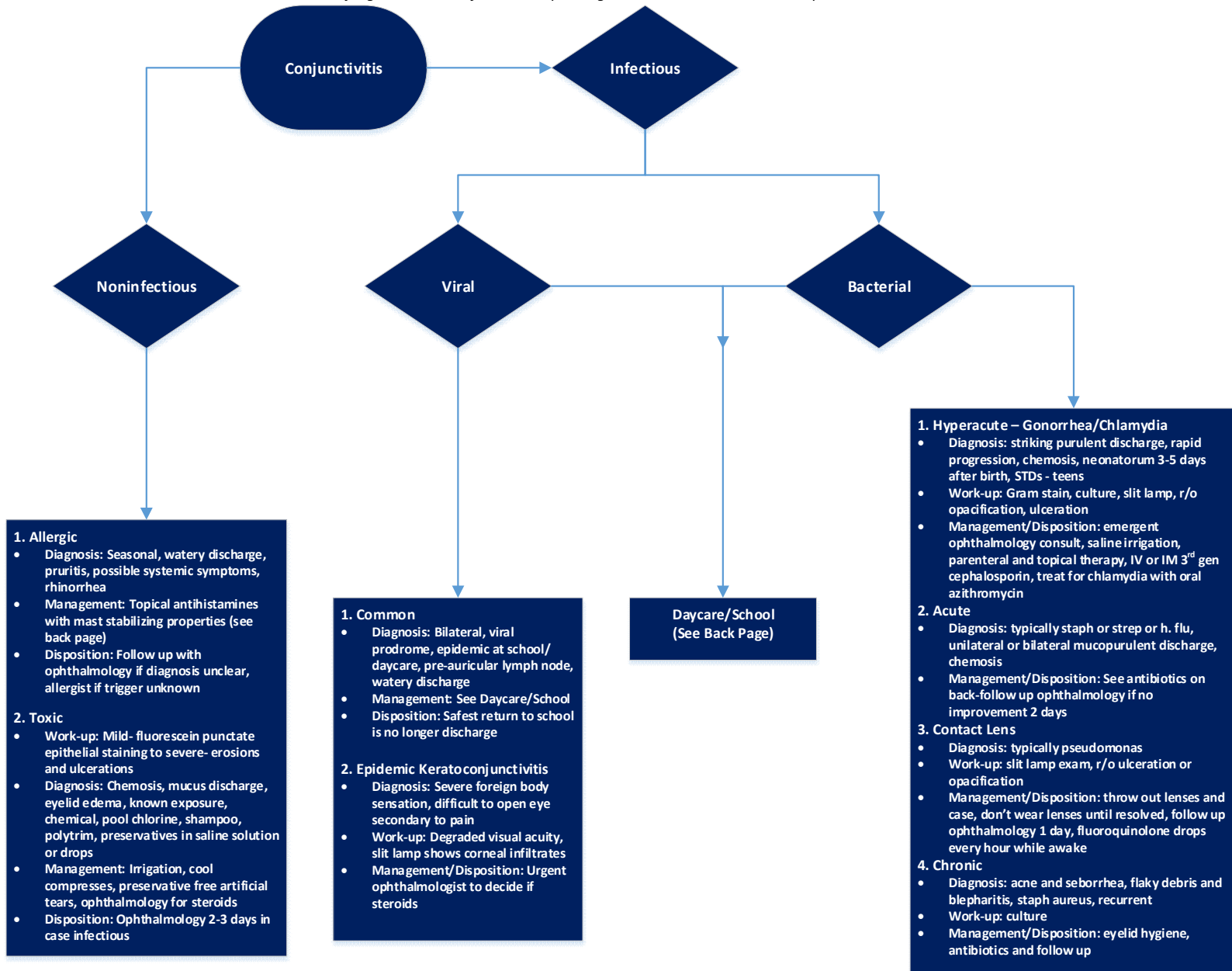
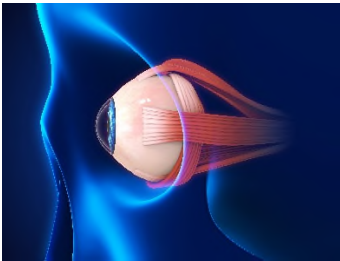


MANAGEMENT OF Conjunctivitis

This EPPA Clinical Guideline is intended to guide most, but not all, encounters involving conjunctivitis and corneal abrasion and should not replace clinical judgment; deviate from or adapt this guideline to meet the individual patient's needs.





MANAGEMENT OF Conjunctivitis

References:

- Azari A, et al. Conjunctivitis: A Systematic Review of Diagnosis and Treatment. *JAMA*. October 23/30 2013; 310(6).
- American Academy of Ophthalmology Cornea/External Disease Panel. Preferred Practice Pattern Guidelines, Conjunctivitis. *American Academy of Ophthalmology*. 2013. www.aao.org/ppp.
- Shekhawat N, et al. Antibiotic Prescription Fills for Acute Conjunctivitis among Enrollees in Large United States Managed Care Network. *Ophthalmology*. 124 (8); 1099 – 1107.

Antihistamines with mast cell-stabilizing properties: Decreased itching should be evident within 24 – 72 hours; may result in dry eye sensation or burning.

Olopatadine 0.1% (Patanol), 0.2% (Pataday), 0.7% (Pazeo)	≥2 years: One drop per eye twice daily (Patanol); one drop per eye once daily (Pataday and Pazeo)	0.1% \$220 5 mL 0.2% \$150 2.5 mL 0.7% \$ 230 2.5 mL
Ketotifen 0.025% (multiple OTC products)	≥3 years: One drop per eye every eight hours	\$10 OTC
Azelastine 0.05% (Optivar, generics)	≥3 years: One drop per eye twice daily	\$25 6mL

Antibiotics – Most acute conjunctivitis is viral, and antibiotics are NOT recommended

Pediatrics – Ointment Over Drops

Contact Lens Wearer – Fluoroquinolone or Tobramycin

Antibiotic: Preferred	Dose
Tobramycin	3x/day
Azithromycin (ointment)	2 x/day 2 days then, 1x/day for 5 days
Gentamicin	Ointment or solution 4x/day
Ciprofloxacin	Ointment 3x/day
Antibiotic: Alternatives	Dose
Moxifloxacin	3x/day
Ofloxacin	1-2 gtts 4x/day
Trimethoprim/polymyxinB	1-2 gtts 4x/day
Gatifloxacin	3x/day
Levofloxacin	1-2 gtts 4x/day
Erythromycin	4x/day
Sulfacetamide	Ointment 5x day; Solution 1-2 gtts every 3hr

<p>Things To Consider:</p> <ul style="list-style-type: none"> • Herpes Simplex • Herpes Zoster • Dacryostenosis • Systemic Illness • Kawasaki • Sjogren • Stevens- Johnson • Carotid Cavernous Fistula <ol style="list-style-type: none"> 1. Trauma 2. Fistula b/w Internal Carotid Cavernous Sinus 3. Reduced Arterial Flow Venous Engorgement Proptosis, Chemosis, Eyelid 4. Edema, Ocular Bruits, 6th Nerve Palsy 	<p>Daycare/School:</p> <ul style="list-style-type: none"> • Both bacterial and viral are very contagious • Safest to return is no longer discharge • Many require 24 hours of topical treatment before they allow return • Don't share utensils or handheld items • Wash hands on a frequent basis • Avoid touching eyes
---	---