Inflamed conjunctiva

Usually only one eye affected

Therapeutic Management

Treatment of conjunctivitis depends on the cause. Viral conjunctivitis is self-limiting, and treatment is limited to removal of the accumulated secretions. Bacterial conjunctivitis has traditionally been treated with topical antibacterial agents, such as polymyxin and bacitracin (Polysporin), sodium sulfacetamide (Sulamyd), or trimethoprim and polymyxin (Polytrim). However, in one study of children with acute infective conjunctivitis treated by placebo versus topical chloramphenicol, there was little difference in cure rates; the authors concluded that most children will get better without antibiotic treatment (Rose, Harnden, Brueggemann, et al, 2005). Fluoroquinolones, approved for children 1 year old and older, are viewed by ophthalmologists as the best ophthalmic antimicrobial agents available (Lichtenstein, Rinehart, and Levofloxacin Bacterial Conjunctivitis Study Group, 2003). Fourth generation fluoroquinolones (such as, moxifloxacin, gatifloxacin, and besifloxacin) provide broad spectrum coverage, are bactericidal, and are generally well tolerated (Alter, Vidwan, Sobande, et al, 2011). Drops may be used during the day and an ointment at bedtime, because the ointment preparation remains in the eye longer but blurs the vision. Corticosteroids are avoided because they reduce ocular resistance to bacteria.

Nursing Care Management

Nursing care includes keeping the eye clean and properly administering ophthalmic medication. Remove accumulated secretions by wiping from the inner canthus downward and outward, away from the opposite eye. Warm, moist compresses, such as a clean washcloth wrung out with hot tap water, are helpful in removing the crusts. Compresses are *not* kept on the eye because an occlusive covering promotes bacterial growth. Instill medication immediately after the eyes have been cleaned and according to correct procedure (see Chapter 20).

Prevention of infection in other family members is an important