PHARMACIST ASSESSMENT – ACUTE CONJUNCTIVITIS: BACTERIAL, ALLERGIC OR VIRAL

Patient		
Name:	HSN:	
Address:	DOB:	Gender: ☐ male ☐ female
Telephone:	☐ Pregnant ☐ Lactating	

Medical History:

☐ Immunocompromised → Refer
☐ Intermittent episodes of red eye (conjunctivitis) → Consider other diagnoses (blepharitis, dry eye, etc.)
☐ History of allergies (conjunctivitis, rhinitis, etc.) → Helps confirm current diagnosis of allergic conjunctivitis
☐ Current upper respiratory tract infection → Suspect viral conjunctivitis
☐ Sjogren's, rheumatoid arthritis, thyroid disorder → Rule out dry eye syndrome

Drug History/ Drug allergies:

☐ Immunocompromised due to drug use → Refer
☐ Anticholinergic drugs, beta-blockers, oral contraceptives → Rule out drug-induced dry eye syndrome
☐ Ophthalmic drugs → Rule out hypersensitivity reaction, drug-induced dry eye syndrome

Patient History

Does the patient use contact lenses?

☐ No → Continue ☐ Yes → Refer

Has the patient been in contact with people with "pink eye"?

☐ Yes → Suspect infectious conjunctivitis

Has the patient been in contact with a known allergen?

☐ Yes → Suspect allergic conjunctivitis

Review of Symptoms

Does the patient have any of the following signs/symptoms:

☐ Loss of visual acuity (includes blurred vision, seeing halos)
☐ Irregular pupils – fixed, smaller, larger
☐ Visible corneal opacity or haze
☐ Focal rather than diffuse redness
☐ Ciliary flush (redness concentrated in ring around cornea)
☐ Photophobia +/- cannot hold eye open
☐ Rash +/- blisters around eye
☐ Hyper-purulent discharge
☐ Moderate to severe pain
☐ Headache with nausea
☐ Symptoms duration $\geq$ 2 weeks
  ☐ No → Continue ☐ Yes → Refer

Symptoms typical of bacterial infection: generalized redness, mucopurulent (viscous, yellow-green) discharge, minimal itching, unilateral initially (may have progressed to bilateral)

☐ Yes → Continue to treatment for bacterial conjunctivitis

Symptoms typical of viral infection: generalized redness, serous (watery) discharge, minimal itching, unilateral initially (may have progressed to bilateral)

☐ Yes → Continue to treatment for viral conjunctivitis

Symptoms typical of allergic conjunctivitis: generalized redness, serous or mucoid discharge, very itchy, bilateral presentation

☐ Yes → Continue to treatment for allergic conjunctivitis

Treatment recommended

☐ Non-pharmacologic therapy (warm or cold compresses, etc)

Over-the-counter products:

☐ All - Lubricant drops or ointment

☐ **Bacterial** – Polymyxin B-gramicidin eye drops, 4-6 times per day for 7-10 days

☐ **Viral** - Antihistamine/decongestant drops

☐ **Allergic** - Antihistamine/decongestant drops, mast cell stabilizers

Prescription Products:

Bacterial Conjunctivitis

☐ Erythromycin 0.5% ophthalmic ointment

- One-half inch (1.25 cm) four times daily for 5 to 7 days

☐ Trimethoprim-polymyxin B 0.1%-10,000 units/mL ophthalmic drops

- 1–2 drops q3h for 5 to 7 days

☐ Tobramycin 0.3% ophthalmic drops or ointment (Children > 6 years)

- Drops: 1–2 drops Q4H, then taper (5 to 7 days)
- Ointment: 1.25 cm BID to TID (5 to 7 days)

Allergic Conjunctivitis

☐ Ketotifen 0.025%: 1 drop ≤ 3 times daily

☐ Olopatadine 0.1%: 1-2 drops ≤ 4 times daily

☐ Olopatadine 0.2%: 1-2 drops once daily

☐ Nedocromil 2%: 1-2 drops twice daily, approved for use in patients ≥ 3 years old

☐ Lodoxamide 0.1%: 1-2 drops ≤ 4 times daily, approved for use in patients ≥ 2 years old

Prescription Issued for minor ailment

Rationale for prescribing:

Rx:

Quantity (sufficient quantity to treat one episode, no refills):

Directions:

pseudoDIN 00951102

Counseling ☐ May have prescription filled at pharmacy of choice ☐ PAR will be communicated to primary care provider as part of collaborative practice

☐ Non-pharmacologic management, preventing transmission if infectious

☐ When to expect benefit, side effects and management

☐ If no response or symptoms worsening, contact your pharmacist, optometrist or MD

Follow-up in 2 to 3 days:

☐ **In pharmacy** ☐ **Telephone**

☐ Symptoms resolving – if bacterial, stop medication 24 hrs after complete symptom resolution

☐ No improvement or worsening → Consider alternate diagnosis and / or refer to optometrist or MD

☐ Adverse effects → advise on management and/or refer

Prescribing Pharmacist

Name:	Signature:
Pharmacy:	Telephone: Fax:
Email:	Date
Primary Care Provider:	**Fax number:**

Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with **conjunctivitis.** After an assessment, a prescription was issued for

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

Patient Demographics:		
Name:	HSN:	
Address:	DOB:	Gender: ☐ male ☐ female
Telephone:	□ Pregnant □ Breastfeeding	

Prescription Issued on _____

MEDICATION:

DIRECTIONS:

QUANTITY:

Rationale for prescription / relevant patient information:

I will follow-up with the patient on _____ and discuss these items:

☐ Symptoms resolving – if bacterial, stop medication 24 hrs after complete symptom resolution
☐ No improvement or worsening → Consider alternate diagnosis and / or refer to optometrist or MD
☐ Adverse effects → advise on management and/or refer

Prescribing Pharmacist:	
Name:	Signature:
Name of Pharmacy:	Telephone:
Email:	Fax:

Primary Care Provider notified:	
Name:	Telephone:
Address:	Fax: