The acute non-painful red eye [10,11]

CONDITION	DIFFERENTIATING FACTORS	TREATMENT AND REFERRAL URGENCY
Bacterial conjunctivitis *(Staphylococcus epidermidis, staphylococcus aureus, streptococcus pneumoniae)*	**Signs and symptoms:** (Muco)purulent sticky discharge; crusted lids	· Conjunctival swabs for culture / sensitivities · Topical chloramphenicol for seven days · General hygiene advice: frequent handwashing, no sharing towels · Refer if condition worsens or persists after seven to ten days of treatment
Viral conjunctivitis *(Adenovirus)*	**Symptoms:** History of contact with person with similar symptoms; gritty sensation; itching **Signs:** Tender preauricular lymphadenopathy; watery discharge that characteristically spreads to other eye; palpebral conjunctival follicles	· Conjunctival swab for viral antigen testing or PCR · Cool compresses and artificial tears · General hygiene advice: frequent handwashing, no sharing towels · +/- Topical chloramphenicol · Refer if condition worsens or persists after seven to ten days of treatment
Chlamydial conjunctivitis *(Chlamydia trachomatis)*	**Symptoms:** Associated sexual history; systemic features **Signs:** Non-tender periauricular lymphadenopathy; unilateral involvement; mucopurulent persistent discharge; lid oedema; palpebral conjunctival follicles	· Refer to ophthalmology for assessment and management · Conjunctival swabs for immunofluorescent staining, cell culture, PCR, ELISA · Topical chloramphenicol; oral azithromycin 1g stat or doxycycline 100mg for seven days · Refer for contact tracing to GUM clinic
Ophthalmia neonatorum (Neonatal chlamydial conjunctivitis)	Mucopurulent discharge within 28 days of birth	· Refer to ophthalmology for assessment and management · Conjunctival scrapings for Giemsa stain; erythromycin for two weeks; refer mother for counselling and to GUM clinic
Gonorrhoeal conjunctivitis *(Neisseria gonorrhoeae)*	**Symptoms:** Hyperacute onset (<24 hours); associated sexual history; systemic features **Signs:** Non tender periauricular lymphadenopathy; severe purulent discharge; lid oedema; papillae +/- keratitis	· Refer to ophthalmology for assessment and management · Conjunctival swabs for Gram stain, culture + sensitivities · GUM clinic referral for assessment, treatment and contact tracing · Topical ofloxacin; *if with keratitis:* + IV 1g ceftriaxone for three days
Allergic conjunctivitis	**Symptoms:** Itching; history of atopy **Signs:** Bilateral involvement; lid oedema; palpebral conjunctival papillae; watery discharge; severe chemosis	· Conjunctival swabs; skin prick testing; serum IgE · Identify and eliminate allergen · Ocular lubricants +/- topical antihistamines +/- oral antihistamine · If severe, consider mild topical steroid · Refer to ophthalmology in cases of severe allergic conjunctivitis, requiring steroid treatment
Episcleritis (Inflammation of the episclera)	**Symptoms:** Sudden onset of mild discomfort **Signs:** Lacrimation; localised area of conjunctival inflammation/ redness which blanches with topical vasoconstrictor (e.g. phenylephrine); occasionally a nodule is present	· Usually self-limiting · Provide reassurance; topical lubricants; topical NSAIDS are sometimes required if symptoms persist · Refer to ophthalmology if no response to initial treatment measures
Subconjunctival haemorrhage (Bleeding underneath conjunctiva)	**Symptoms:** Usually asymptomatic **Signs:** Absence of discharge; localised area of subconjunctival blood that is relatively well demarcated	· Check blood pressure · Usually self-limiting if no other abnormalities · Refer to ophthalmology if history of trauma or recurrent episodes
Blepharitis (Inflammation of lid margin)	**Symptoms:** Persistently sore eyes; gritty sensation **Signs:** Inflammation and crusting of lid margin / eyelid; presence of stye or chalazion	· Warm compress and effective lid hygiene · Artificial tears · +/- Topical antibiotics · Refer to ophthalmology if severe symptoms or corneal involvement – topical steroids and prolonged course of oral antibiotics may be considered in these cases
Keratoconjunctivitis sicca (Dry eyes)	**Symptoms:** Common in elderly; chronic gritty sensation; burning; history of Sjögren's syndrome; anticholinergic use **Signs:** Punctate epitheliopathy; Tear film break up time < 10s; mucus strands	· Schirmer test <5mm over five minutes · Extensive Rose Bengal staining due to damage of ocular tear film · Artificial tear drops · Refer to ophthalmologist if symptoms persist to consider punctual occlusion