The Red Eye: Conjunctivitis or Something Serious?

Quick-reference for community pharmacists | Based on NICE CKS and College of Optometrists guidance

EMERGENCY: Eye Casualty, A&E, or 999

- ☐ Chemical or acid/alkali splash to the eye: irrigate immediately with clean water or saline; continue irrigating; attend Eye Casualty or A&E without delay. Call 999 if severe pain, reduced vision, alkali exposure, or unable to irrigate safely
- ☐ Penetrating eye injury or suspected embedded foreign body: do not irrigate or rub; cover lightly without pressure; avoid eating or drinking; attend Eye Casualty immediately
- ☐ Acute angle-closure glaucoma: severe unilateral eye pain, markedly reduced vision, halos around lights, fixed mid-dilated pupil, hazy or steamy cornea, nausea or vomiting

Acute angle-closure glaucoma causes permanent sight loss within hours. Direct to Eye Casualty, Ophthalmology Emergency Department, or A&E. Call 999 if transport is unavailable or the patient is deteriorating. Do not delay by referring to GP or routine optometry.

EYE CASUALTY TODAY: Urgent Same-Day Referral

- ☐ Unilateral red eye with deep aching or sharp pain, photophobia, or reduced vision: possible uveitis or keratitis
- ☐ Visible corneal infiltrate, clouding, or hazy cornea; or irregular, fixed, or poorly reactive pupil
- ☐ Contact lens wearer with painful red eye: remove lenses immediately; do not patch the eye; do not restart lens wear until fully assessed; possible keratitis including Acanthamoeba keratitis
- ☐ Suspected herpes simplex keratitis: unilateral painful red eye with photophobia, watery discharge, or history of recurrent episodes on the same eye; often misidentified as conjunctivitis
- ☐ Vesicular rash around the eye, eyelid, forehead, or on the tip, side, or root of the nose with red eye, eye pain, photophobia, eyelid involvement, or visual symptoms: possible herpes zoster ophthalmicus; do not supply OTC treatment

Also refer to GP or optometrist for a persistent unilateral red eye without an obvious benign cause, or recurrent episodes with no clear trigger. Follow local eye casualty, urgent optometry (MECS/CUES), or A&E commissioning pathways.

OTC TREATMENT: Benign Conjunctivitis Only

- ☐ Bilateral red or gritty eyes, no pain, no photophobia, normal vision, no other red flags
- ☐ Bacterial (purulent discharge, sticky lids): chloramphenicol 0.5% drops or 1% ointment; OTC supply for age 2 and over; follow licensed product instructions. Advise reassessment if symptoms worsen or fail to improve within 48 hours
- ☐ Allergic (bilateral itch and watering, often seasonal): sodium cromoglicate, ketotifen, or olopatadine drops
- ☐ Viral (watery discharge, mild discomfort): self-limiting; lubricant drops and hygiene advice
- ☐ Do not supply steroid eye drops, topical anaesthetic drops, or vasoconstrictor redness-relief drops

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.

Red Flags at a Glance

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
Vision	Normal visual acuity	Reduced, blurred, or suddenly changed
Photophobia	None or mild sensitivity	Marked; cannot tolerate normal light
Pupil	Round, equal, and reactive	Irregular, fixed, or mid-dilated
Cornea	Clear and transparent	Hazy, cloudy, or visible infiltrate
Discharge	Purulent (bacterial) or watery with itch (allergic)	Little or no discharge despite pain: consider glaucoma, uveitis, or keratitis
Contact lenses	Not worn; 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, do not patch the eye, refer same day. Severe headache + nausea + unilateral red eye = possible acute angle-closure glaucoma: emergency ophthalmology or A&E. Chemical splash: irrigate immediately and attend Eye Casualty without delay.