**STANDARD OPERATING PROCEDURE**

**CONJUNCTIVITIS**

The following points pertaining to the presenting complaints will be obtained:

* History of redness, itching, burning sensation in eye(onset and course)
* Pain,foreign body sensation in eye &photophobia.
* Any discharge from eyes and type of discharge (purulent, mucous, serous or mixed).
* Stickiness of eye lashes.
* Blurring,diminition of vision& colored halos.
* Any progression of symptoms.
* Previous episodes, prior exposure to infected individuals.
* Ocular trauma.
* Contact lens wear.
* Use of any topical or over-the-counter medications.
* History of systemic diseases such as recent upper respiratory infections, autoimmune disorders, atopy, dermatologic conditions, sexually transmitted diseases, etc.

1. **EXAMINATION**

* Visual acuity(best corrected visual acuity)
* Pupillary reactions
* Detailed examination of skin of lids and face& eyelids will be done
* Lacrimal apparatus : lacrimal sac area

Regurgitation test

* Conjunctiva
* Pattern of hyperemia: diffuse, focal, superior, inferior
* Subconjunctival hemorrhage
* Characteristics of discharge will be seen, depending upon this conjunctivitis will be categorized:
* Watery discharge(acute viral or acute allergic conjunctivitis)
* Mucoid discharge(chronic allergic conjunctivitis and dry eye)
* Mucopurulent discharge (acute bacterial infection)
* Severe purulent discharge (gonococcal infection)
* Regional lymphadenopathy (preauricular, in case of viral conjunctivitis)
* Slit-lamp biomicroscopic examination
* Conjunctiva
* Bulbar conjunctiva (hyperemia, follicles, chemosis, hemorrhages)
* Palpebral conjunctiva [tarsal conjunctiva (upper and lower)]: (papillae, follicles, membranes, , chemosis,)
* Fornices(discharge)
* Cornea (abrasions, infiltrates, ulcers, punctate keratitis)
* Anterior chamber : depth & contents
* Iris, pupil& lens

1. **MANAGEMENT**

Treatment for conjunctivitis will be initiated to increase patient comfort, reduce the infection, help prevent the spread of infection and to reduce complications in untreated cases.

GENERAL MEASURES

* Patient will be advised for ocular hygiene, frequent handwashing, avoid handshaking and sharing towels. Scrupulous disinfection of instruments and clinical surfaces after examination of an infected patient (e.g. sodium hypochlorite, povidone-iodine).
* Irrigation of conjunctival sac with sterile warm saline once or twice a day (by removing the deleterious material)
* Dark goggles may be used to prevent photophobia
* Contact lens wear to be discontinued until at least 48 hours after complete resolution of symptoms
* Patient will be alerted for pain & diminution of vision.

**MANAGEMENT**

Patient history and complete examination of eye

Assessment and diagnosis of type of conjunctivitis

Treatment and management depending upon the type of conjunctivitis

1. Bacterial conjunctivitis:

* Topical antibiotics (6-8 times for 1 week) e.g. chloramphenicol (1%), quinolones (ciprofloxacin (0.3%),ofloxacin(0.3%), gatifloxacin(0.3%) and moxifloxacin(0.5%), etc.& ointment at bed time.
* Systemic anti-inflammatory and analgesic drugs (e.g. ibuprofen and paracetamol) for 2-3 days
* Tear substitutes (q.i.d) : useful for symptomatic relief (preservative-free)

1. Viral conjunctivitis:

* Usually self limiting
* Topical antibiotics
* Tear substitutes

Patient counseling and education regarding condition and proper hygiene

* Follow-up care will be done
* progression of disease will be monitored
* effectiveness of treatment will be verified
* compliance and continued effectiveness will be assured