Fact sheet

Central Adelaide Ophthalmology Service

Clinical Information Sheet

Clinical Condition	EYE INFECTION / INFLAMMATIONS
Eligibility	Viral / bacterial conjunctivitis with discharge: • Red eye with/without reduced vision • Suspected iritis • Suspected corneal ulcer • Suspected herpes simplex • Infection • Herpes zoster ophthalmicus with eye involvement Allergic Eye Disease (Vernal Catarrh): • A form of conjunctivitis, often in younger age group • Severe itch • Stringy mucoid discharge • Typical thickened swollen "leathery" inferior fornix +/- cobblestone papillae, upper lid. Punctal stenosis: • Watery eye Peri-orbital (Preseptal) + orbital cellulitis: • Swollen lid ++ • Unable to open eye • Diplopia • Loss of vision • Pain on eye movement
Priority and how to access services	
Differential Diagnoses	Blepharitis, Pterygium, Ocular surface squamous neoplasia, lymphoma Oribtal tumour Thyroid eye disease
Information required with referral	Visual acuity, duration of symptoms, treatment already trialled Diplopia Pain on eye movement
Investigations required with referral	Conjunctival swab CT scan if cellulitis referred from emergency department
Pre-Referral management strategies (information required with referral)	Unilateral red eye should always be referred Bacterial conjunctivitis is usually self-limiting resolving in 3-5 days



Discharge Criteria/information	Discharge will be dependent on the diagnosis and the patients response to treatment
Fact sheets	http://www.ranzco.edu/index.php/ophthalmology-and-eye- health/eye-conditions-information

For more information

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