

**PHARMACIST ASSESSMENT – ACUTE CONJUNCTIVITIS: BACTERIAL, ALLERGIC OR VIRAL**

<b>Patient</b>		
Name:	HSN:	
Address:	DOB:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	
<b>Medical History:</b>		
<input type="checkbox"/> Immunocompromised → Refer <input type="checkbox"/> Intermittent episodes of red eye (conjunctivitis) → Consider other diagnoses (blepharitis, dry eye, etc.) <input type="checkbox"/> History of allergies (conjunctivitis, rhinitis, etc.) → Helps confirm current diagnosis of allergic conjunctivitis <input type="checkbox"/> Current upper respiratory tract infection → Suspect viral conjunctivitis <input type="checkbox"/> Sjogren’s, rheumatoid arthritis, thyroid disorder → Rule out dry eye syndrome		
<b>Drug History/ Drug allergies:</b>		
<input type="checkbox"/> Immunocompromised due to drug use → Refer <input type="checkbox"/> Anticholinergic drugs, beta-blockers, oral contraceptives → Rule out drug-induced dry eye syndrome <input type="checkbox"/> Ophthalmic drugs → Rule out hypersensitivity reaction, drug-induced dry eye syndrome		
<b>Patient History</b>		
Does the patient use contact lenses? <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer Has the patient been in contact with people with “pink eye”? <input type="checkbox"/> Yes → Suspect infectious conjunctivitis Has the patient been in contact with a known allergen? <input type="checkbox"/> Yes → Suspect allergic conjunctivitis		
<b>Review of Symptoms</b>		
Does the patient have any of the following signs/symptoms: <input type="checkbox"/> Loss of visual acuity (includes blurred vision, seeing halos) <input type="checkbox"/> Irregular pupils – fixed, smaller, larger <input type="checkbox"/> Visible corneal opacity or haze <input type="checkbox"/> Focal rather than diffuse redness <input type="checkbox"/> Ciliary flush (redness concentrated in ring around cornea) <input type="checkbox"/> Photophobia +/- cannot hold eye open <input type="checkbox"/> Rash +/- blisters around eye <input type="checkbox"/> Hyper-purulent discharge <input type="checkbox"/> Moderate to severe pain <input type="checkbox"/> Headache with nausea <input type="checkbox"/> Symptoms duration $\geq$ 2 weeks <input type="checkbox"/> No → Continue <input type="checkbox"/> Yes → Refer		
Symptoms typical of bacterial infection: generalized redness, mucopurulent (viscous, yellow-green) discharge, minimal itching, unilateral initially (may have progressed to bilateral) <input type="checkbox"/> 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) <input type="checkbox"/> Yes → Continue to treatment for viral conjunctivitis		
Symptoms typical of allergic conjunctivitis: generalized redness, serous or mucoid discharge, very itchy, bilateral presentation <input type="checkbox"/> 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.

<b>Patient Demographics:</b>		
Name:	HSN:	
Address:	DOB:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> 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

<b>Prescribing Pharmacist:</b>	
Name:	Signature:
Name of Pharmacy:	Telephone:
Email:	Fax:

<b>Primary Care Provider notified:</b>	
Name:	Telephone:
Address:	Fax: