



Objectives: Red Eye

1. In addressing eye complaints, always assess visual acuity using history, physical examinations, or the Snellen chart, as appropriate.
2. In patients presenting with a red eye, distinguish between serious causes (e.g. keratitis, glaucoma, perforation, temporal arteritis) and non-serious causes (e.g. do not assume all red eyes are caused by conjunctivitis):
 - a. Take an appropriate history (e.g. photophobia, changes in vision, history of trauma).
 - b. Do a focused physical examination (e.g. pupil size, visual acuity, slit lamp, fluorescein)
 - c. Do appropriate investigations (e.g. erythrocyte sedimentation rate measurement, tonometry).
 - d. Refer the patient appropriately (if unsure of the diagnosis or if further work-up is needed).
3. In patients presenting with an ocular foreign body sensation, correctly diagnose an intraocular foreign body by clarifying the mechanism of injury (e.g. high speed, metal-on-metal, no glasses) and investigating (e.g. with computed tomography, X-ray examination) when necessary.
4. In patients presenting with an ocular foreign body sensation, evert the eyelids to rule out presence of conjunctival foreign body.
5. In neonates with conjunctivitis, look for a systemic cause and treat it appropriately (e.g. with antibiotics).
6. In patients with conjunctivitis, distinguish by history and physical examination between allergic and infectious causes (viral or bacterial).
7. In patients who have bacterial conjunctivitis and use contact lenses, provide treatment with antibiotics that cover for Pseudomonas.
8. Use steroid treatment only when indicated (e.g. to treat iritis; avoid with keratitis and conjunctivitis).

In patients with iritis, consider and look for underlying systemic causes (e.g. Crohn's disease, lupus, ankylosing spondylitis).