ESSEXLOC
LOCAL OPTICAL COMMITTEE

Red Eye Pathway

Patient presents to Optometrist

Optometrist takes history and symptoms, examines patient and makes initial diagnosis. The following are post assessment options:

Manage in practice where possible:

- Bacterial conjunctivitis
- Allergic conjunctivitis
- Non-herpetic viral conjunctivitis
- Subconjunctival haemorrhage
- Tear dysfunction (Dry eye)
- Episcleritis
- Marginal keratitis
- Superficial abrasions
- Recurrent epithelial erosion
- Small corneal foreign bodies - remove
- In-growing eyelash - remove

Urgent referral protocol for your area:

- Infective keratitis
- Anterior uveitis
- Posterior uveitis
- Scleritis

Treat if within your competency:

- Antimicrobials
- Mast cell stabilisers
- Ocular lubricants
- Artificial tears
- Topical antihistamines
- Ibuprofen

Complete record and report to GP

Follow up
Generally none expected
Exceptions

- Repeated in-growing lashes
- Dry eye

Follow up on secondary care to ensure patient has appointment booked

No improvement?
Refer to secondary care