

Priority Topic: RED EYE

Key Features:

The book Basic Ophthalmology (Richard Harper) has a whole chapter on Red Eye that is excellent. It is available in hardcopy at the McGill Libraries (no e-book).

1. In addressing eye complaints, **always assess visual acuity** using history, physical examination, or the Snellen chart, as appropriate.

What you should study:

✓ **How to measure VA**

✓ **Childhood Eye Exam AAFP 2013**

2. In a patient with a red eye, **distinguish between serious causes** (e.g., keratitis, glaucoma, perforation, temporal arteritis) **and non-serious causes** (i.e., 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, and 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).

What you should study:

✓ **Approach to Red Eye - Dr Moore FMF 2015**

✓ **EM Cases Episode 9: Non-traumatic Eye Emergencies**

✓ **Color Atlas of Family Medicine: Chapter 25 Ddx of Red Eye (on Access Med)**

✓ **Dx and Mgmt of Red Eye AAFP 2010 AND Evaluation of Painful Eye AAFP 2016**

✓ **Common Eye Emergencies AAFP 2013**

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.

What you should study:

- ✓ [Corneal Foreign Body RACGP 2017](#)

4. In patients presenting with an [ocular foreign body sensation](#), [evert the eyelids](#) to rule out the presence of a conjunctival foreign body.

- ✓ **Just do it!**

5. In [neonates with conjunctivitis](#) (not just blocked lacrimal glands or “gunky” eyes), look for a [systemic cause](#) and treat it appropriately (i.e., with antibiotics).

What you should study:

- ✓ [Ophthalmia Neonatorum CFP 2013](#)

- ✓ [Pediatric Conjunctivitis AAP 2010](#) - includes a page on neonatal conjunctivitis but you should know about general peds conjunctivitis also

6. In patients with [conjunctivitis](#), distinguish by history and physical examination between [allergic and infectious causes](#) (viral or bacterial).

What you should study:

- ✓ [Conjunctivitis Review JAMA 2013](#) (excellent article!)

7. In patients who have [bacterial conjunctivitis and use contact lenses](#), provide treatment with antibiotics that [cover for Pseudomonas](#).

What you should study: Conjunctivitis and Corneal Abrasions

- ✓ [Evaluation and Management of Corneal Abrasions AAFP 2013](#) **Table 2**

8. Use steroid treatment **only when indicated** (e.g., to treat iritis; avoid with keratitis and conjunctivitis).

What you should study:

✓ [GP Factsheet - Steroids and the Eye](#)

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

What you should study:

✓ [Uveitis AAFP 2014](#)

More articles that may be clinically relevant, or for more detailed studying:

✓ [Swollen Red Eyelid Ddx AAFP 2015](#)

✓ [Glaucoma AAFP 2016](#)

✓ [Giant Cell Arteritis in the clinic AIM 2016](#)