

## 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](#)
- ✓ [EMCases 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 AA FP 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.

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](#)