

Case 34

You are an F2 working in General Practice. Your general practice address is The General Practice, Newcastle upon Tyne, NE1 2GP

Patient details

Name: Marisa Muswell

DOB: 11/09/1999

Address: 57 Bayswater Road, Jesmond, Newcastle upon Tyne, NE2 3HR

History

Miss Muswell presents with a 5 day history of a 'gritty and itchy' left eye. She describes waking up with her eyelid stuck together. Having spoken to her local pharmacist she has been cleaning both eyelids and using cool compresses for the past few days but is still suffering with the symptoms.

There is no history of trauma to the eye, headache or photophobia.


She is usually fit and well with no ongoing medical conditions or previous ophthalmic history. She works as a nursery assistant.

On examination she has a left red eye with noticeable yellow crusting within the eyelashes. Her visual fields and acuity remain intact. There is some mild redness to the right eye with no visible discharge, likely secondary to repeated rubbing.



Task 1

Use the FP10 stationery provided, please prescribe first line management for the patient's current condition

Pharmacy Stamp		Age 23 D.o.B 11/09/1999	Name (including forename) and address Marisa Muswell 57 Bayswater Road, Jesmond, Newcastle upon Tyne, NE2 3HR		
<i>Try not to stamp over age box</i>					
Dispenser's endorsement	Number of days' treatment N.B. Ensure dose is stated	7	NP		Pricing Office
Pack & quantity	<p>CHLORAMPHENICOL 0.5% EYE DROPS</p> <p>APPLY 1 DROP EVERY 2 HOURS TO THE AFFECTED EYES.</p> <p>REDUCE FREQUENCY AS INFECTION IS CONTROLLED AND CONTINUE FOR 48 HOURS AFTER HEALING.</p> <p>PLEASE PRESCRIBE ONE BOTTLE</p> <p>END OF PRESCRIPTION</p>				FP10NC1000
Signature of Doctor	DR T SNOOK (TERESA SNOOK) GMC 1234		Date 15/04/2023		
For dispenser No. Of Prescns on form	<p style="text-align: right;">NEWCASTLE & NTH TYNE</p> <p>The General Practice Newcastle upon Tyne NE1 2GP</p>				
	PATIENTS – please read the notes overleaf				
32442045305					

EXPLANATION

The patient is presenting with a case of acute infective conjunctivitis, likely due to a bacterial infection.

Infective conjunctivitis is an **inflammation of the conjunctiva** due to viral, bacterial or parasitic infection. It can be very difficult to distinguish viral from bacterial conjunctivitis clinically.

Acute conjunctivitis is usually **self-limiting and rarely causes loss of vision**.

- Viral conjunctivitis usually resolves within 7 days.
- Bacterial conjunctivitis typically resolves within 5 to 10 days. **Contact lens wearers** and immunocompromised people have the greatest risk of complications such as keratitis.

When assessing a person presenting with red eye, serious causes including acute angle closure glaucoma, keratitis, iritis, and trauma must be excluded.

Characteristic clinical features of infective conjunctivitis include:

- **Conjunctival erythema (pink eye)**
- Discomfort which may be described as 'grittiness', 'foreign body' or 'burning' sensation.
- **Watering and discharge** which may lead to **transient blurring of vision** — purulent or mucopurulent discharge may cause the lids to be stuck together on waking.

Management of infective conjunctivitis in primary care involves:

- Reassurance that most cases are self limiting
- Patient information leaflet
- Advising self-care measures such as bathing/cleaning the eyelids, cool compresses, lubricating drops or artificial tears, and avoidance of contact lenses.
- Advising on appropriate infection control techniques.
- Topical antibiotics (such as chloramphenicol or fusidic acid) if bacterial conjunctivitis is suspected — a delayed treatment strategy may be appropriate.
- Follow up and appropriate safety-netting on red flag clinical features which may indicate the need for urgent review with Ophthalmology

Treat with topical antibiotics if severe or circumstances require rapid resolution. A delayed treatment strategy may be appropriate — advise the person to initiate topical antibiotics if symptoms have not resolved within 3 days. **As this patient had been symptomatic for 5 days it was appropriate to initiate antibiotic therapy.**

<https://cks.nice.org.uk/topics/conjunctivitis-infective/>

<https://www.nhsinform.scot/illnesses-and-conditions/eyes/conjunctivitis#:~:text=Conjunctivitis%20is%20a%20common%20condition,to%20conjunctivitis%20as%20red%20eye.>

<https://zerotofinals.com/medicine/ophthalmology/conjunctivitis/>

IMAGE REFERENCE:

<https://www.webeyeclinic.com/pink-eye/bacterial-conjunctivitis>

