Conjunctivitis: Patient Information

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Pink Eye: Patient Information

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Mentor: Dr. Laurie Schedgick-Davis
A Common Problem

- Pink Eye: very common — 1% of all primary care visits, 70% of acute conjunctivitis patients seek treatment (1)
  - usually PCP first (1)

- Many children are sent home from school, not allowed to return until cleared by physician

- Incubation period = viral shedding before symptoms start = easily spread

- Viral shedding continues for as long as symptoms persist
2006 — 2011: over 4 million ED visits nationwide were for conjunctivitis (2)

28% of all eye-related visits nationwide (2)

Estimated cost for conjunctivitis ED visit: $390 compared to $101 at urgent care, $136 at ophthalmologist office (2)

No data exists yet on exact numbers for WCHN hospitals
Community Perspective

- Brookfield Family Medicine of WCHN
- “I see patients [with conjunctivitis] fairly frequently with seasonal variation” - Dr. Laurie Schedgick-Davis (internist/pediatrician)
- “We see an overuse of antibiotic drops, which can cause conjunctival irritation as well” - Dr. Jeffery Young (ophthalmologist)
- Bottom line: patients need information on conjunctivitis and how to treat it!
After consulting with Dr. Schedgick-Davis about what information patients with conjunctivitis (and their parents) should know, I created a patient information handout with the help of Dr. Young.

Handout is placed in patient exam rooms at Brookfield Family Medicine, and will be given to patients with conjunctivitis at checkout.
Pink Eye: Patient Info

“Pink eye”, or conjunctivitis, is usually caused by a virus and is not vision-threatening! It can almost always be treated at home — no antibiotics necessary!

**What is it:** Pink eye is inflammation of the outer surface of the eye and eyelids

- Usually caused by a virus, and may be accompanied by sore throat, fever, or runny nose

**How to tell if its viral or bacterial:**

- Pro tip: “eye crusted shut” and “one eye or both eyes” is not helpful for diagnosis! Instead, look at the type and frequency of discharge:
- Viral: clear watery discharge with stringy mucus, may have morning crusting
- Bacterial: white/yellow/green pus all the way across the lid that reappears within minutes of cleaning

**How to treat:**

- **Viral:** supportive care only! Chilled lubricating drops (artificial tears, available over the counter — pop ‘em in the fridge!), cool moist compress, frequent hand washing. Virus can survive on hard surfaces for hours — disinfect counters, door knobs, toys, etc.

- **Bacterial:** Call your doctor (may need antibiotic ointment or drops); supportive care same as above

- Symptoms may worsen for 3-5 days, and may last up to 3 weeks

- Drops and ointments may also cause some redness/irritation — there is no “cure” for viral pink eye!

Patient information handout geared towards both adult and pediatric patients
Once the patient handout has been utilized in BFM for 6 months (or 1 year to control for difference between seasonal incidence rates), can compare outcomes between patients who received the handout vs patients who did not from the previous 6 months (or 1 year)

Outcomes: the days of school missed, Urgent Care or ED visits, and whether household members were infected
Future Projects

- Obtain prospective data to assess whether children who received the patient info handout were able to be treated for viral conjunctivitis at home without having to seek care.

- Can ask them at annual physical if they had any episodes of conjunctivitis in the past year and if so, how was it managed.

- Can also ask if they were exposed (if anyone at school or daycare etc had conjunctivitis) to assess efficacy of preventative hygiene measures.
References


Images: Pavel Losevsky; researchpedia.info
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