

## Minor Ailment Assessment: Conjunctivitis

Name:		Date of Birth/Age:	
Address:		HCN:	
Phone:		Date:	
Pharmacist		License number:	
Assessment location: <input type="checkbox"/> In person <input type="checkbox"/> Virtually			
Dr/NP:		Phone:                                      Fax:	
<input type="checkbox"/> Consent to Provide the Service has been Provided by the Patient. For minors, the pharmacist has assessed that the patient is able to understand nature and/or Consent provided by Patient's Agent (if patient is not a mature minor)			
Chief Complaint and History of Presenting Illness			
Chief Complaint and History of Presenting Illness	<input type="checkbox"/> Generalized/diffuse redness of the Conjunctiva <input type="checkbox"/> Inflammation of the conjunctiva and/or eyelid <input type="checkbox"/> Presence of itch If present <input type="checkbox"/> minimal <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/> Discharge. If present: <input type="checkbox"/> Purulent <input type="checkbox"/> Mucopurulent <input type="checkbox"/> Mucoïd / Serous If present: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Profuse Eye(s) involved: <input type="checkbox"/> Bilateral or <input type="checkbox"/> Unilateral: _____ Onset: _____ <input type="checkbox"/> Measures/products tried to treat eye. (Include name, how used, duration of use & outcome)		
	Patient experienced similar symptoms or diagnosed with conjunctivitis in the past? <input type="checkbox"/> Yes / <input type="checkbox"/> No <i>If Yes, provide details including measures/treatment used as well as result (ie. Effective?)</i>		
Medical Background	<b>Are any red flags present? If yes to any → Refer</b> <input type="checkbox"/> Age less than 3 months (refer to consider infections from birth), consider referral under 2 yrs <input type="checkbox"/> Wears contact lenses ( <i>counsel to remove lenses immediately</i> ) <input type="checkbox"/> Has history of ocular disease* (closed angle glaucoma, iritis, scleritis, keratitis, etc. note: open angle glaucoma not a reason for referral) <input type="checkbox"/> Moderate to severe pain <input type="checkbox"/> Severe photophobia and/or severe foreign body sensation <input type="checkbox"/> Change in vision (ex. blurred vision or halos) <input type="checkbox"/> Irregular pupils <input type="checkbox"/> Ocular trauma ( <i>including recent surgery</i> ) <input type="checkbox"/> Severe headache and/or nausea <input type="checkbox"/> Rash ± vesicles around eye/eyelid/nose ( <i>consider shingles assessment</i> ) <input type="checkbox"/> Hyper purulent discharge (green-yellow) with rapid onset <input type="checkbox"/> Visible corneal opacity/haze <input type="checkbox"/> Ciliary flush (redness concentrated in ring around cornea) esp. if unilateral <input type="checkbox"/> Focal redness not diffuse redness		
	<b>Allergies(+reaction detail)</b> <span style="float: right;">**Update patient profile**</span>		

Note: This is intended as a supporting documentation tool. Health care providers using this tool are responsible for ensuring content is up to date and all relevant information has been collected and assessed. © Pharmacy Association of Nova Scotia

\*\* Update patient profile\*\*

**Conditions**

Relevant (Medical) Conditions

- Sjogren's, rheumatoid arthritis, thyroid disease, rosacea  
*Relevance: Consider differential diagnosis. Rule out DRY EYE*
- History of atopy (asthma, allergic rhinitis, atopic dermatitis)  
*Relevance: Helps confirm ALLERGIC conjunctivitis*
- Pregnant /  Breastfeeding *Relevance: Precaution for certain treatment options*

**Relevant Medications**

\*\*Additional medications as per DIS\*\*

- Anticholinergic drugs, beta blockers, hormonal contraceptives/estrogen containing products  
*Relevance: Consider differential diagnosis. Commonly associated with dry eye.*
- Ophthalmic products  
*Relevance: rule out hypersensitivity reaction or drug induced dry eye syndrome*

**Other**

- Contact with known allergen. *Relevance: suspect ALLERGIC conjunctivitis*  
If yes, specify: \_\_\_\_\_
- Current upper respiratory tract infection *Relevance: suspect VIRAL conjunctivitis*
- Current otitis media infection *Relevance: suspect BACTERIAL conjunctivitis*
- Recent contact with person(s) experiencing eye infection or "pink eye"  
*Relevance: suspect BACTERIAL or VIRAL conjunctivitis*

**Differential Diagnosis:**

Causes	Symptoms	Discharge	Eye(s)	Occurrence	Duration
Bacterial	-moderate red/pink color of the eye -eye lid red/swollen - burning	-purulent discharge -white, yellow, green thick (pus) discharge occurs throughout the day -eye lids stuck closed in am	-unilateral but can become bilateral -highly contagious until 24-48 after starting AB Tx	-high occurrence if <6yoa, winter season, pt also has otitis media (refer for AOM if suspect)	-can last 5-14 days if untreated -AB Tx will reduce to 5-7 days
Viral	-burning, discomfort, grittiness, foreign body feeling -mild swelling of eyelid -moderate redness of eye -photophobia	-mild thin clear watery discharge -may have crust in the am **some cases are due to HSV or VZV refer if skin lesions, vesicles, scabs, ulcers present*	-unilateral but often bilateral within 24-48 hours -highly contagious until eye clears	-higher occurrence in adults, concurrent upper respiratory tract infection, if its summer season	-can last 7-14 days -generally not treated unless HSV or VZV refer pt for tx
Allergic	-very itchy -moderate to severe swelling -mild redness -acute due to exposure	-thin clear watery discharge or mucoid tearing -may have crust in am	-bilateral -not contagious	-recurrent -higher occurrence with atopic triad (asthma, allergic rhinitis, atopic dermatitis)	-improves when allergen is taken away
Other	-injury -eye pain	-watery or mucous discharge	-uni or bilateral -not contagious	-could be due to trauma, dry eye, contact lenses, chemical exposure	-refer to optometrist Or ER

**Notes:**

Differential Diagnosis

Assessment	<p><b>Pharmacist Assessment:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient is experiencing signs and symptoms which may benefit from pharmacotherapy that are consistent with:             <ul style="list-style-type: none"> <li><input type="checkbox"/> bacterial conjunctivitis    <input type="checkbox"/> allergic conjunctivitis    <input type="checkbox"/> viral conjunctivitis (adenovirus/cold)</li> </ul> </li> <li><input type="checkbox"/> Patient is experiencing signs and symptoms that are not consistent with conjunctivitis and requires a referral to another healthcare professional. (ex. herpes zoster, herpes simplex)</li> </ul>
Plan	<p><input type="checkbox"/> If viral conjunctivitis prescribing antimicrobials are not appropriate. Consider OTC recommendations for dry eye (see PANS dry eye algorithm), optional OTC antihistamine/decongestant eye drops, cool compresses.</p> <p><b>Non-Pharmacological Tips for Viral or Bacterial Conjunctivitis</b></p> <ul style="list-style-type: none"> <li>• Avoid touching the eye; wash hands if you do.</li> <li>• Wash hands frequently</li> <li>• Use separate towels and pillow cases</li> <li>• Discard any used/opened eye drops/ointments used during conjunctivitis</li> <li>• Discard any used contact lenses/cases and discontinue use until symptoms resolve</li> <li>• Discard any cosmetics that may be infected</li> </ul> <p><b>Non-Pharmacological Tips for All types Conjunctivitis</b></p> <ul style="list-style-type: none"> <li>• Clean eye lid/crust with baby shampoo diluted with warm water</li> </ul> <p><b>Additional Counselling:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Allergic: Avoid allergen when possible. Consider wearing sunglasses/eye glasses to prevent allergen from getting into the eye. Avoid rubbing your eyes. Use a cold compress to relieve eye swelling and itch.</li> <li><input type="checkbox"/> Consider also if allergic rhinitis symptoms present. See PANS Algorithm.</li> <li><input type="checkbox"/> Bacterial: Highly contagious. Use a warm compress to soften crust in the mornings. An eye wash/irrigation can be used to clean eyes.</li> <li><input type="checkbox"/> Viral: Highly Contagious. Should be self-limiting and resolve on its own in a similar time frame as a common cold</li> </ul> <p><b>Follow up Plan - Check all that Apply</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bacterial: Patient to contact the pharmacy in 2-3 days if no symptom improvement</li> <li><input type="checkbox"/> Allergic: Patient to contact the pharmacy in 3 days if treating a current episode to discuss adverse effects and if no improvement/worsening symptoms</li> <li><input type="checkbox"/> Patient instructed to seek medical attention if symptoms worsen or change, red flags present</li> <li><input type="checkbox"/> Pharmacy to contact patient _____</li> </ul> <p><b>References:</b></p> <p>"Antibiotics for common infections." RxFiles, 27, February 2023, <a href="https://www.rxfiles.ca/RxFiles/uploads/documents/members/CHT-ABX-Common-Infections.pdf">https://www.rxfiles.ca/RxFiles/uploads/documents/members/CHT-ABX-Common-Infections.pdf</a></p> <p>"Conjunctivitis: Pink eye." American Optometric Association, 17, March 2023, <a href="http://www.aoa.org/healthy-eyes/eye-and-vision-conditions/conjunctivitis?sso=y">www.aoa.org/healthy-eyes/eye-and-vision-conditions/conjunctivitis?sso=y</a></p> <p>"Conjunctivitis: Pink eye." Center for Disease Control and Prevention, 17, March 2023, <a href="http://www.cdc.gov/conjunctivitis/about/symptoms.html">www.cdc.gov/conjunctivitis/about/symptoms.html</a></p> <p>"Conjunctivitis: Signs and Symptoms." medSask, 27, February 2023, <a href="https://medsask.usask.ca/professional-practice/restricted-guidelines/conjunctivitis-bacterial,-viral-and-allergic.php">https://medsask.usask.ca/professional-practice/restricted-guidelines/conjunctivitis-bacterial,-viral-and-allergic.php</a></p>

## Prescription Hard Copy- Allergic Conjunctivitis

Name:			Date of Birth:		
Address:			HCN:		
Phone:			Date:		
Dr/NP:					
Phone:		Fax:			
<input type="checkbox"/> A prescribing record has been faxed to physician/NP (or provided to pt in case of no physician/NP)					
<b>Indication: Allergic Conjunctivitis</b>					
Prescription	<b>First line: Dual action antihistamine/mast cell stabilizer (2 weeks for max effect)</b>				
	<input type="checkbox"/> Ketotifen fumarate 0.025% drops: Instill 1 drop into affected eye(s) q8-12 hours prn (age ≥3) Qty: ____ Refill: ____				
	<input type="checkbox"/> Olopatadine 0.1% ophthalmic drop (age ≥3): Instill 1-2 drops into affected eye(s) bid Qty: ____ Refill: ____				
	<input type="checkbox"/> Olopatadine 0.2% ophthalmic drop (age ≥18): Instill 1-2 drop into affected eye(s) once daily Qty: ____ Refill: ____				
	<input type="checkbox"/> Olopatadine 0.7% ophthalmic drops (age ≥ 2): Instill 1 drop into affected eye(s) once daily Qty: ____ Refill: ____				
	<b>Other Options</b>				
	<input type="checkbox"/> Sodium cromoglycate 2% ophthalmic drop (age ≥ 4): Instill 1-2 drops in each eye QID Qty: ____ Refill: ____				
	<input type="checkbox"/> Lubricating drops <input type="checkbox"/> Lubricating ointment Drug: _____ Strength: _____ Directions: _____ Qty: _____ Refills: _____				
	<input type="checkbox"/> Pheniramine 0.3%/naphazoline 0.025%: <b>Use only short term less than 10-14 days</b> Instill 1-2 drops into affected eye(s) up to QID prn Qty: ____ Refill: ____				
	<input type="checkbox"/> Antazoline 0.51%/naphazoline 0.051%: Instill 1-2 drops into affected eye(s) up to QID prn Qty: ____ Refills: ____				
<input type="checkbox"/> Systemic antihistamine: Drug _____ Strength _____ Take 1 tablet daily prn. Qty: ____ Refill ____					
<input type="checkbox"/> Patient to call pharmacy to follow-up in ____ days to discuss adverse effects if necessary					
<input type="checkbox"/> Patient instructed to seek medical attention if symptoms worsen or change					
Pharmacist Certification	I, the assessing pharmacist have seen and assessed the patient in person				
	<ul style="list-style-type: none"> <li>• If an authorized prescription is being dispensed by the same prescribing pharmacist, the patient has been informed that in this case there is one less health care professional assessing the appropriateness of therapy.</li> </ul>				
	<input type="checkbox"/> I have not seen or assessed the patient in person, but have an established professional relationship with the patient and have knowledge of previous assessments for this condition. <input type="checkbox"/> The patients caregiver (agent) or another health care practitioner that is authorized to diagnose and assess the above minor ailment condition have provided enough information to warrant the appropriateness of treatment.				
Pharmacist Signature/License #			Date:		
Pharmacy Name:			Phone:		
			Fax:		

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## Prescription Hard Copy – Bacterial Conjunctivitis

Name:			Date of Birth:		
Address:			HCN:		
Phone:			Date:		
Dr/NP:			Phone:		Fax:
<input type="checkbox"/> A prescribing record has been faxed to physician/NP (or provided to pt in case of no physician/NP)					
<b>Indication: Bacterial Conjunctivitis</b>					
Prescription	<input type="checkbox"/> Lubricating drop <input type="checkbox"/> Lubricating ointment   Drug: _____ Strength: _____ Directions: _____ Qty: _____ Refills: _____				
	<input type="checkbox"/> polymyxin B-gramicidin eye drops: Instill 1-2 drops four times a day for 5-7 days Qty: _____				
	<input type="checkbox"/> Erythromycin 0.5% ophthalmic ointment: Apply ½ inch ribbon to affected eye(s) QID for 5-7 days Qty: _____				
<input type="checkbox"/> Fusidic acid 1% viscous ophthalmic drops (age ≥2): Instill 1 drop into affected eye(s) bid for 7 days Qty: _____					No Refills
<input type="checkbox"/> Tobramycin 0.3% ophthalmic drops (age ≥ 1 year): Instill 1-2 drops into affected eye(s) q4h for 5-7 days Qty: _____					
<input type="checkbox"/> Tobramycin 0.3% ophthalmic ointment (age ≥ 1 year): Apply ½ inch ribbon to the affected eye(s) 2-3 times a day for 5-7 days Qty: _____					
<input type="checkbox"/> Other anti-infectives when above not available					
<input type="checkbox"/> Patient to call pharmacy to follow-up in _____ days to discuss adverse effects if necessary <input type="checkbox"/> Patient instructed to seek medical attention if symptoms worsen or change. Contact pharmacy if no improvement after 2-3 days.					
Pharmacist Certification	I, the assessing pharmacist have seen and assessed the patient in person If an authorized prescription is being dispensed by the same prescribing pharmacist, the patient has been informed that in this case there is one less health care professional assessing the appropriateness of therapy.				
	<input type="checkbox"/> I have not seen or assessed the patient in person, but have an established professional relationship with the patient and have knowledge of previous assessments for this condition.  <input type="checkbox"/> The patients caregiver (agent) or another health care practitioner that is authorized to diagnose and assess the above minor ailment condition have provided enough information to warrant the appropriateness of treatment.				
Pharmacist Signature/License #			Date:		
Pharmacy Name:			Phone:		
			Fax:		

## Fax Cover Letter

To:

From:

Fax:

Pages:

Phone:

Date

Re:

Clinic Phone #:

Comments

## Physician/NP Assessment Notification

 Response Required

 For Your Records

Client Information	
Name:	Date of Birth:
Address:	HCN:
Phone:	Date:

Your patient was assessed for conjunctivitis by the pharmacist and was prescribed the following:

- Patient is experiencing signs and symptoms that are consistent with viral conjunctivitis and can use nonpharmacological treatments and lubricating drops if needed for symptomatic relief.

Prescription	<p><b>Indication: Allergic Conjunctivitis</b></p> <p><input type="checkbox"/> Lubricating drop   <input type="checkbox"/> Lubricating ointment   Drug: _____ Strength: _____  Directions: _____ Qty: _____ Refills: _____</p> <p><input type="checkbox"/> Pheniramine 0.3%/naphazoline 0.025%: Use short term, less than 10-14 days  Instill 1-2 drops into affected eye(s) up to QID prn   Qty: _____ Refill: _____</p> <p><input type="checkbox"/> Antazoline 0.51%/naphazoline 0.051%:  Instill 1-2 drops into affected eye(s) up to QID prn   Qty: _____ Refills: _____</p> <p><input type="checkbox"/> Sodium cromoglycate 2% ophthalmic drop (age ≥ 4):  Instill 1-2 drops in each eye QID   Qty: _____ Refill: _____</p> <p><input type="checkbox"/> Systemic antihistamine: Drug _____ Strength _____  Take 1 tablet daily prn.   Qty: _____ Refill _____</p> <p><input type="checkbox"/> Ketotifen fumarate 0.025% drops:  Instill 1 drop into affected eye(s) q8-12 hours prn (age ≥3)   Qty: _____ Refill: _____</p> <p><input type="checkbox"/> Olopatadine 0.1% ophthalmic drop (age ≥3):  Instill 1-2 drops into affected eye(s) bid prn   Qty: _____ Refill: _____</p> <p><input type="checkbox"/> Olopatadine 0.2% ophthalmic drop (age ≥18):  Instill 1-2 drop into affected eye(s) once daily prn   Qty: _____ Refill: _____</p> <p><input type="checkbox"/> Olopatadine 0.7% ophthalmic drops (age ≥ 2):  Instill 1 drop into affected eye(s) once daily   Qty: _____ Refill: _____</p> <p><b>Notes:</b></p>
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- Your patient was assessed by the pharmacist and is being referred back to you as their signs/symptoms are not consistent with conjunctivitis.

Note:

I, the assessing pharmacist, have seen and assessed the patient:  In person    Virtually

- The written prescription/assessment if any is within my scope of practice, skills, competencies, experience and is within the prescribing standards.
- If an authorized prescription is being dispensed by the same prescribing pharmacist, the patient has been informed that in this case there is one less health care professional assessing the appropriateness of therapy for the above indication.

\_\_\_\_\_  
Pharmacist /License number

\_\_\_\_\_  
Date

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## Physician/NP Assessment Notification

 Response Required

 For Your Records

Client Information	
Name:	Date of Birth:
Address:	HCN:
Phone:	Date:

- Your patient was assessed for conjunctivitis by the pharmacist and was prescribed the following medication(s):
- Patient is experiencing signs and symptoms that are consistent with viral conjunctivitis and can use nonpharmacological treatments and lubricating drops if needed for symptomatic relief.

Prescription	<b>Indication: Bacterial Conjunctivitis</b>
	<input type="checkbox"/> Lubricating drop <input type="checkbox"/> Lubricating ointment   Drug: _____ Strength: _____ Directions: _____ Qty: _____ Refills: _____
	<input type="checkbox"/> polymyxin B-gramicidin eye drops: Instill 1-2 drops four times a day for 5-7 days Qty: _____
	<input type="checkbox"/> Erythromycin 0.5% ophthalmic ointment: Apply ½ inch ribbon to affected eye(s) QID for 5-7 days Qty: _____
	<input type="checkbox"/> Fusidic acid 1% viscous ophthalmic drops (age ≥2): Instill 1 drop into affected eye(s) bid for 7 days Qty: _____
	<input type="checkbox"/> Tobramycin 0.3% ophthalmic drops (age ≥ 1 year): Instill 1-2 drops into affected eye(s) q4h for 5-7 days Qty: _____
	<input type="checkbox"/> Tobramycin 0.3% ophthalmic ointment (age ≥ 1 year): Apply ½ inch ribbon to the affected eye(s) 2-3 times a day for 5-7 days Qty: _____
	Other: _____ Qty: _____
	<u>Notes:</u>

- Your patient was assessed by the pharmacist and is being referred back to you as their signs/symptoms are not consistent with conjunctivitis.

Note:

I, the assessing pharmacist, have seen and assessed the patient:  In person    Virtually

- The written prescription/assessment if any is within my scope of practice, skills, competencies, experience and is within the prescribing standards.
- If an authorized prescription is being dispensed by the same prescribing pharmacist, the patient has been informed that in this case there is one less health care professional assessing the appropriateness of therapy for the above indication.

\_\_\_\_\_  
Pharmacist Signature/License #

\_\_\_\_\_  
Date