

Eye infections in adults

Prescribing information: these guidelines do not include all the prescribing information for all the drugs. Please refer to the [BNF](#) or consult a pharmacist for appropriate use in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.

Self-care: treatments marked as ^[OTC] are available to buy from pharmacies. Patients can be advised to purchase them as self-care where appropriate.

Blepharitis

Self-care: initial trial of lid hygiene including warm compresses, lid massage and scrubs, gentle washing, and avoiding cosmetics. Proprietary eyelid wipes and cleansers are available over the counter.

Unresponsive cases may benefit from specialist review for systemic antibiotic, topical steroid, or both. The full course should be provided by the specialist and reviewed accordingly.

Last updated: Jan 2020

First line: self-care.

Second line: *if lid hygiene measures are ineffective*, chloramphenicol 1% ointment BD for 6 weeks.

Signs of Meibomian gland dysfunction, or acne rosacea: the effectiveness of oral antibiotics for blepharitis has been shown to be inconclusive. The risks and benefits of antibiotic treatment should be weighed. Specialist Ophthalmology advice is required.

Conjunctivitis

Treat only if severe, as most cases are viral or self-limiting.

Self-care: bathe or clean eyelids with cotton wool dipped in boiled and cooled water to remove crusting.

For mild cases there is no requirement for diagnostic specimens.

Explain red flags for urgent review and advise the person to seek further help if symptoms persist beyond 7 days.

Use topical antibiotics for severe or prolonged infection only. Send a bacterial swab in severe or prolonged cases.

Red Flag symptoms for urgent review: eye pain, visible eye trauma, photophobia, reduced visual acuity, unilateral marked redness, contact lens related red eye.

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First line: self-care.

Second line for bacterial infection: continue self-care **and add** either chloramphenicol 0.5% eye drops 2 hourly for 2 days then reduce frequency **or** chloramphenicol 1% ointment QDS (or just at night if used with eye drops during the day).

Consider issuing two bottles or tubes in bilateral infection to prevent cross contamination.

Third line: fusidic acid 1% modified-release eye drops BD

Treat for 48 hours after resolution.

Orbital cellulitis

Urgent referral to hospital.

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