Red Eye

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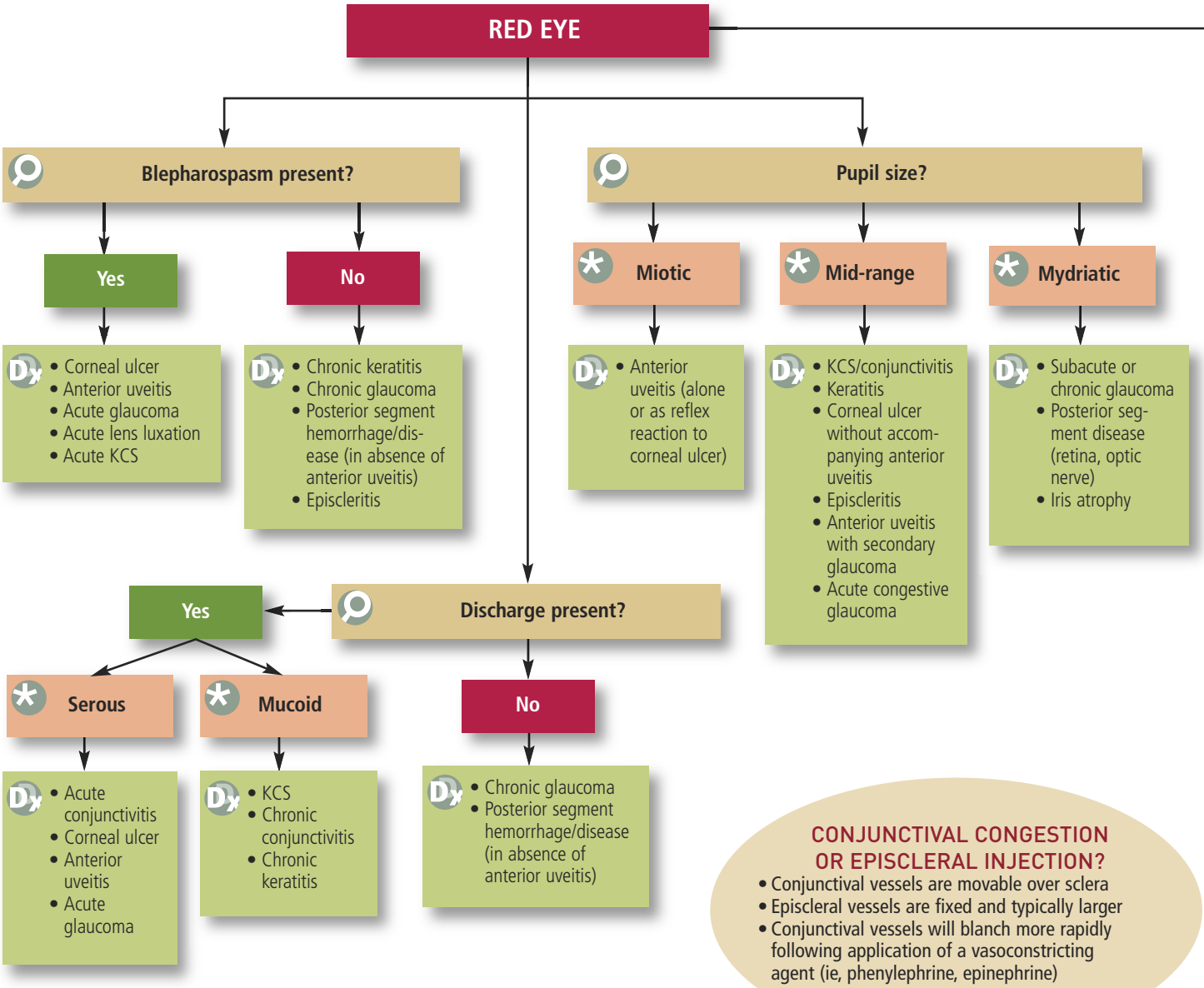


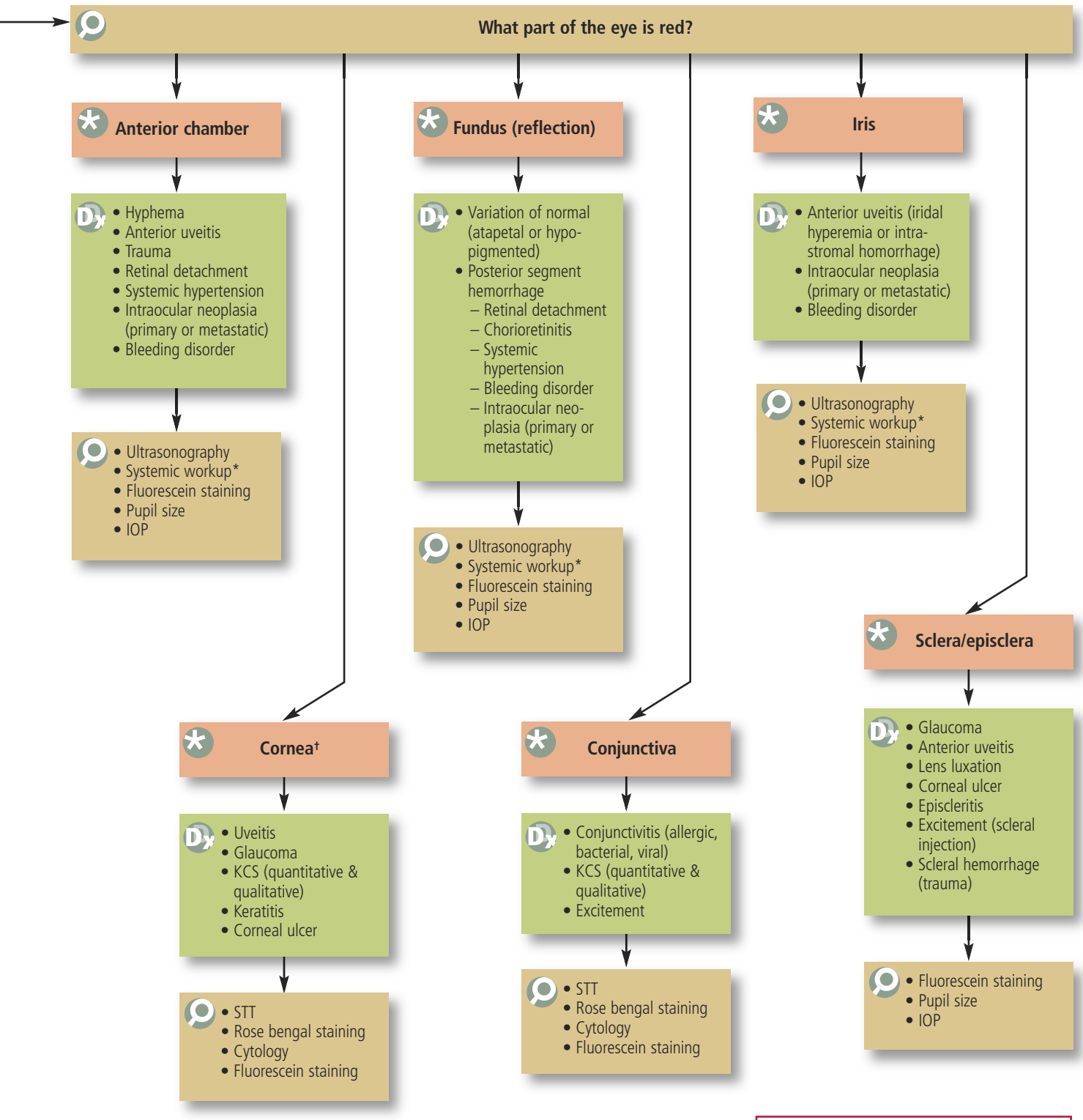
CONJUNCTIVAL CONGESTION OR EPISCLERAL INJECTION?

- Conjunctival vessels are movable over sclera
- Episcleral vessels are fixed and typically larger
- Conjunctival vessels will blanch more rapidly following application of a vasoconstricting agent (ie, phenylephrine, epinephrine)

CHECKLIST: EXAMINING THE RED EYE

- ❑ Observe eye to determine what part(s) are affected, what appears normal/abnormal, whether eye is painful, and presence of discharge.
- ❑ Develop list of diagnostic differentials based on ocular changes and conduct diagnostic testing.
- ❑ Determine whether eye is visual.
- ❑ Assess pupil size and light reflexes.
- ❑ Perform STT for quantitative assessment of tear production.
- ❑ Perform ocular surface staining:
  a) Fluorescein staining to assess corneal epithelium defects, NLD patency, and tear film breakup time and stability
  b) Seidel's test to identify leakage of aqueous humor through cornea
  c) Rose bengal staining to measure precorneal tear film quality and integrity
- ❑ Perform tonometry to estimate IOP: elevation consistent with glaucoma, decrease consistent with intraocular inflammation.
- ❑ Complete examination and systemic diagnostic testing as indicated.

IOP = intraocular pressure, KCS = keratoconjunctivitis sicca, NLD = nasolacrimal duct, STT = Schirmer's tear test



* Systemic workup = minimum database, systemic blood pressure, coagulation parameters, infectious disease titers, thoracic/abdominal imaging

† The cornea itself is rarely red unless vascularization is present; blood may also be present within the stroma or behind the cornea, within the anterior chamber, giving the impression of a red cornea