

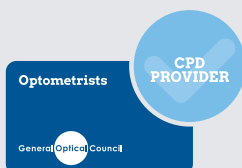


LEARNING DOMAINS

CLINICAL
PRACTICE

PROFESSIONALISM

PROFESSIONAL GROUPS



CLOSING DATE: 6 February 2023

ANSWERS PUBLISHED: March 2023

CPD CODE: C-103566

MCQs AVAILABLE ONLINE:
1 November 2022

This CPD session is open to all FBDO members and associate member optometrists. Successful completion of this CPD session will provide you with a certificate of completion of one non-interactive CPD point. The multiple-choice questions (MCQs) are available online only from Tuesday 1 November 2022. Visit www.abdo.org.uk. After member login, scroll down and you will find CPD Online within your personalised dashboard. Six questions will be presented in a random order. Please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent.

CPD CODE: C-103566

SELF-DIRECTED LEARNING CPD

Managing patients presenting in practice with conjunctivitis

By Max Halford FBDO CLO

As capacity problems within secondary care (hospital and minor injury units) continue, we are seeing more patients presenting in optical practices with minor eye conditions. Primary care GPs are often unable to provide timely appointments to patients, and are not necessarily best placed to diagnose and advise on eye-related conditions due to lack of training and specialist equipment.

Much work has been undertaken nationally to put in pathways of care to support patients, and dispensing opticians (DOs) can gain a broad understanding of these by researching the National Eyecare Restoration and Transformation Optometry First programme¹.

DOs are often the first clinician a patient will encounter on entering a practice. As registered eyecare professionals, DOs are well placed to offer advice, guidance, management options and where necessary ongoing referral to other clinical colleagues. DOs have a statutory duty to refer² – and we will discuss what support and guidance is available to them later on.

This article focuses on one of the most common presentations encountered in optical practice: conjunctivitis. It looks at the most common types – bacterial, allergic and viral – and highlights the possible 'red flags'. It also signposts resources to support learning and development in this area. The article aims to follow a

logical pathway – from a patient presenting in practice to a possible referral if appropriate – and outlines and signposts to the relevant guidance, standards and support available to ensure patients receive the best possible care.

Patients rightly have high expectations of the clinical care they receive from DOs. By having a good understanding of the common conditions that may present, backed up by easy access to resources to support in practice, DOs can instil confidence that the best possible care for all patients may be delivered.

TRIAGE FORM		Member of Association of British Dispensing Opticians																																								
Patient Name: Mrs Sandra Sample		Date: 1 January 2022																																								
DOB: 18/01/70 NHS Number: (if known) Not known		Time: 11.00 am																																								
Patient Address: 2 Sample Road, Sample Town, Devon, SA11PL		Triage Completed by: Mary Smith																																								
Contact Telephone: 01234 765432		If referred to your practice please indicate where from: Sent from her GP																																								
Presented: Telephone / Walk-in / Deferred (Delete as appropriate)		GP Name & Surgery: Dr Sample, Any GP Surgery, Sample Town																																								
<p>Patients Presenting Concerns: RE: AEFBE (Delete as appropriate)</p> <p>Mrs Sample has had a sore right eye for two weeks with some stickiness when she wakes up in the morning. She has seen the local pharmacy and has been given drops but doesn't know what they are. She says her vision is a bit worse due to the discharge in her eye but clears later in the morning. Doesn't feel drops are having much effect etc</p>																																										
<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Pain?</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Condition worsening?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Redness?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Discharge?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Sensitive to light?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Change/Disruption in vision?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Loss of vision?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Contact lens wearer?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Flashes and/or floaters?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>History of migraine?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Recent change in medication?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>History of dry eye?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </tbody> </table>			YES	NO	Pain?		<input checked="" type="checkbox"/>	Condition worsening?	<input checked="" type="checkbox"/>		Redness?	<input checked="" type="checkbox"/>		Discharge?	<input checked="" type="checkbox"/>		Sensitive to light?	<input checked="" type="checkbox"/>		Change/Disruption in vision?	<input checked="" type="checkbox"/>		Loss of vision?	<input checked="" type="checkbox"/>		Contact lens wearer?	<input checked="" type="checkbox"/>		Flashes and/or floaters?	<input checked="" type="checkbox"/>		History of migraine?	<input checked="" type="checkbox"/>		Recent change in medication?	<input checked="" type="checkbox"/>		History of dry eye?	<input checked="" type="checkbox"/>		<p>If the patient is experiencing any pain or discomfort: Score the level of pain/discomfort out of 10 (where 0/10 is no pain/discomfort and 10/10 is excruciating pain/discomfort). Also record where in the eye/eyes and any surrounding area the pain/discomfort is felt. If a foreign body is suspected record what and when/how it might have occurred.</p> <p>Mrs Sample has mild discomfort in her right eye, 4/10 (left eye feels fine 0/10) which feels more uncomfortable under her top eyelid but her eye feels sore generally. Patient was out gardening just before this all happened and might have got a piece of twig or soil in her eye. She was not wearing any eye protection or spectacles at the time.</p>	
	YES	NO																																								
Pain?		<input checked="" type="checkbox"/>																																								
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<p>When did presenting symptoms start: 15 December 2021</p> <p>Last sight test date: 2 January 2021</p>																																										
<p>If the patient answered "yes" to any of the questions above please ask DO/CLO/Optom to add further details below: (If GOC registrant unavailable please refer to local guidelines or contact eye casualty dept and include any advice received below)</p> <p>Mrs Sample feels she might have a central blur in the vision on her right eye but is unsure, no floaters but the R eye does appear to be very red nasally and px feels happy out of bright lights etc</p>																																										
<p>ADVICE & GUIDANCE: (Please indicate any AGS issued)</p>																																										
<p>REFER: Please indicate to whom and level of urgency (Emergency/Urgent/Non-urgent). Due to length of time px has symptoms and concern over possible change in vision I am referring this to our Local MECS service for an appointment within 24 hours.</p>																																										
<p>BOOK SIGHT TEST: (Please indicate date and time of appointment)</p>																																										
Registrant Review by: Max Halford		GOC Number: 27489 Date: 1 January 2022																																								

Association of British Dispensing Opticians

www.abdo.org.uk

FIGURE 1:
A completed example of the ABDO triage form

This CPD article is in a self-directed learning format, allowing an opportunity to broaden clinical knowledge by signposting, and facilitating access to useful and trusted information sources. We will briefly look at the three most common types of conjunctivitis a patient may present in practice with, and signpost to relevant resources, which will support completion of the MCQs.

RESOURCES TO CONSULT

There are two online resources available to eyecare practitioners that can support with identifying and appropriately triaging and managing patients presenting to optical practice with pathology concerns.

1. A-Z of common eye conditions⁶

This can be found in the ABDO Clinical Hub: www.abdo.org.uk/dashboard/clinical-hub/a-z-of-common-eye-conditions

Information on minor eye conditions, along with associated advice and guidance, can be found by accessing this resource.

2. College of Optometrists' Clinical Management Guidelines⁷

This is a free-to-access resource and can be a useful tool to consult in the triage process. It will also help explain how optometrist colleagues may approach a situation. The guidelines can be accessed at www.college-optometrists.org/clinical-guidance/clinical-management-guidelines

Also, as referred to throughout this article, ABDO Advice and Guidelines and the GOC Standards of practice for optometrists and dispensing opticians are valuable resources to refer to when required.

PRACTICE SET-UP

It is important that all colleagues in an optical practice understand their responsibilities in respect of patients arriving with concerns, in particular an understanding that the responsibilities of registrants are different to that of unqualified staff. It is equally important the team have an agreed approach to dealing with these patients. This should be outlined in a standard operating procedure for a practice, so each patient can be assured they are receiving equality of care.



FIGURE 2: Bacterial conjunctivitis is usually associated with a sudden (acute) onset with a yellow/green tinged discharge

TRIAGE

Every patient arriving in practice with a problem should have some form of triage. This can be as 'high level' as a few simple questions to ascertain the reason for their visit, and to support signposting to the best person in the practice to help them, to a more detailed questioning of the patient around their ocular history, signs and symptoms.

For example, a patient arriving with concerns about a sore red eye will follow a clinical route post triage, whilst a patient arriving with a non-tolerance issue with new spectacles can be triaged to a DO working outside of the consulting room.

There are tools available to clinicians to assist in this triage, and ABDO has an editable triage document that you can save on a desktop for future use or access online. This can be found on the ABDO website³.

Figure 1 shows a completed example of the ABDO triage form. It is important to note that this form can be used by both unqualified and qualified members of the team, and should always be stored with the patient records after completion.

Resources to support accurate record card keeping are available on the ABDO Advice and Guidelines section of the ABDO website⁴ – and additional information is accessible on the College of Optometrists' website⁵.

CONJUNCTIVITIS

This article will focus purely on patients presenting with signs and symptoms of conjunctivitis. Before attempting to complete the MCQs, read through the

following information and consult the two online resources for further information on conjunctivitis.

The three main types of conjunctivitis you are likely to encounter in practice are: bacterial, viral and allergic conjunctivitis. For bacterial conjunctivitis, you can (and should) instigate treatment if required. The General Optical Council (GOC) details your responsibilities in standards six and seven under its 'Standards of practice for optometrists and dispensing opticians'⁸.

BACTERIAL CONJUNCTIVITIS

Bacterial conjunctivitis is a self-limiting condition with an increased risk of occurrence in the elderly and children. It is usually associated with a sudden (acute) onset with a yellow/green tinged discharge (**Figure 2**). Often, the patient will report that they awaken with their eyelids stuck together with "crusting" around the lid margins due to this discharge.

Symptoms often begin in one eye and rapidly transfer to the other, and there may be dry eye type symptoms of grittiness and/or burning. Often the eye is mildly red or 'pink', and this is where the common name for conjunctivitis of 'pink eye' arises.

Red flags for bacterial conjunctivitis are the signs and symptoms to watch out for, as they may be indicators of a more serious condition or problem.

They include:

- A drop in vision
- Severe photophobia
- Pain
- Headaches
- Increasing redness

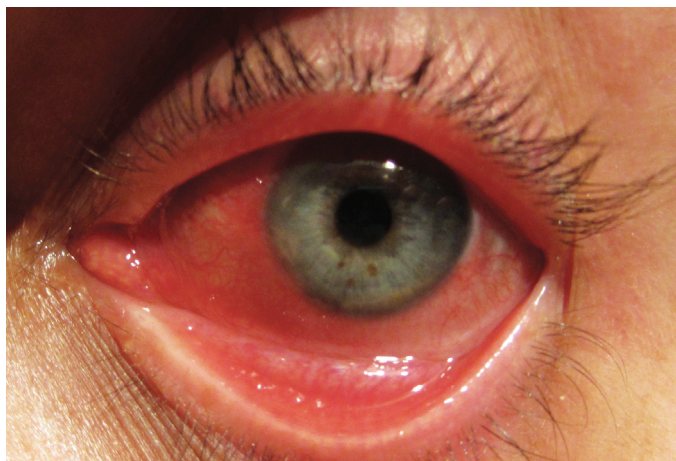


FIGURE 3: Signs of allergic conjunctivitis include puffy, pink eyes with a watery 'clear' discharge



FIGURE 4: Viral conjunctivitis is highly contagious

These are not the normal signs and symptoms of bacterial conjunctivitis and warrant further investigation. Bacterial conjunctivitis in very young children (one month old or younger) is considered to be an urgent condition that requires immediate onward referral to the hospital eye service or equivalent local service.

Management of bacterial conjunctivitis is most commonly with antibiotics such as chloramphenicol. However, they are thought to only lead to a minor improvement in symptoms and to shorten the length of infection by a few days. If symptoms persist then a DO can instigate the sale of chloramphenicol drops (0.5 per cent) or ointment (one per cent) but exclusively for the treatment of bacterial conjunctivitis.

There are certain restrictions on supply, so DOs are advised to visit the 'Use and supply of drugs: bacterial conjunctivitis' in the Advice and Guidelines section of the ABDO website for further information⁹.

It is important to note that DOs can only supply chloramphenicol to children over two years of age, and only in the case of acute bacterial conjunctivitis.

Parents presenting for advice and guidance for children under two should be directed to their GP.

ALLERGIC CONJUNCTIVITIS

Allergic conjunctivitis triggers often remain unknown, however, seasonal allergic conjunctivitis (SAC) is commonly linked to pollens. Perennial allergic conjunctivitis (PAC) is more likely to have environmental causes, such as household dust, cleaning products, make-up, pets, and so on¹⁰.

Signs of allergic conjunctivitis include puffy, pink eyes with a watery 'clear' discharge when compared to bacterial conjunctivitis (**Figure 3**). Symptoms include mild dry eye, itchiness, possibly watery eyes being reported. A sudden onset is more likely to be linked to direct contact with an allergen, such as eyelash glue or a change in contact lens solutions.

Red flags for allergic conjunctivitis include:

- **Pain**
- **Reduced vision**
- **Increasing photophobia**

These may be signs of a more serious concern and urgent referral to the hospital eye service or equivalent should be considered.

In terms of management, where it is possible to remove the allergen, this should be done as soon as possible. Patients can be signposted to their local pharmacy for anti-inflammatory eye drops if required. Cold compresses may help alleviate symptoms.

VIRAL CONJUNCTIVITIS

Viral conjunctivitis is highly contagious and is often caused by an adenovirus. Causatives are commonly other people with the virus, and often patients report recent cold or flu-like symptoms.

Other signs and symptoms include dry/itchy eyes with a foreign body type sensation, and often the eye is slightly pink in appearance (**Figure 4**)¹¹.

Red flags for viral conjunctivitis include:

- **Corneal involvement with patient reporting reduced vision**
- **Photophobia**

- **Pain (as opposed to discomfort: refer to the pain scale on the ABDO triage form³)**
- **Increasing redness**

These red flags indicate an urgent referral. A rash on the patient's forehead may indicate signs of herpes zoster.

For management, patients should be informed that antibiotic drops will not help. Instead, cold compresses, lubrication and good hygiene are indicated.

YOUR DUTY TO REFER

Firstly, it is important to understand that a registered DO has exactly the same duty of care to patients to refer, as their registrant colleague optometrists. For both these registrant groups, their clinical duties and responsibilities are different to that of an optical assistant, receptionist or any other unregistered colleagues and are clearly laid out by the GOC in its Standards of practice for optometrists and dispensing opticians⁸.

These standards are available to download from the GOC website, and it is important that you understand all of them and how they impact on your daily work in practice.

Responsibilities in regard to referral are covered by Standard 7⁸: Conduct appropriate assessments, examinations, treatments and referrals. Of particular importance here are:

- **7.2. Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care**

- 7.7. When in doubt, consult with professional colleagues appropriately for advice on assessment, examination, treatment and other aspects of patient care, bearing in mind the need for patient confidentiality

It is worth discussing with clinical colleagues in your practice how you can work as a multidisciplinary team (MDT) to ensure patients are cared for appropriately to meet these standards. Additionally, Standard 12⁸ includes:

- 12.4. In an emergency, take appropriate action to provide care, taking into account your competence and other available options. You must: 12.4.1. use your professional judgement to assess the urgency of the situation; 12.4.2. provide any care that is within your scope of practice which will provide benefit for the patient; 12.4.3. make your best efforts to refer or signpost the patient to another healthcare professional or source of care where appropriate

ABDO's Advice and Guidelines provide a complete section on duty to refer², which includes a downloadable referral form. A GOS 18 form, or equivalent locally agreed referral form, electronic referral etc, can all be completed by a DO.

REFERENCES

1. LOCSU Optometry First Toolkit. Available at: www.locsu.co.uk/eye-care-transformation/optometry-first-toolkit
2. ABDO. Advice and Guidelines. Duty to refer. Available at: www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/duty-to-refer-2
3. ABDO. Editable triage form. Available at: www.abdo.org.uk/resource/editable-triage-form
4. ABDO. Advice and Guidelines. Patient records. Available at: www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/patient-records
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6. ABDO. Clinical hub: A-Z of common eye conditions. Available at: www.abdo.org.uk/dashboard/clinical-hub/a-z-of-common-eye-conditions/
7. College of Optometrists. Clinical Management Guidelines. Available at: www.college-optometrists.org/clinical-guidance/clinical-management-guidelines
8. General Optical Council. Standards of practice for optometrists and dispensing opticians. Available at: <https://optical.org/optomanddostandards>
9. ABDO. Advice and Guidelines. Use and supply of drugs. Available at: www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/regulatory/use-and-supply-of-drugs
10. MSD Manual Professional Version. Allergic conjunctivitis. Available at: www.msdmanuals.com/en-gb/professional/eye-disorders/conjunctival-and-scleral-disorders/allergic-conjunctivitis
11. MSD Manual Professional Version. Viral conjunctivitis. Available at: www.msdmanuals.com/en-gb/professional/eye-disorders/conjunctival-and-scleral-disorders/viral-conjunctivitis

ACKNOWLEDGEMENTS

• FIGURE 2 SOURCE

https://commons.wikimedia.org/wiki/File:Swollen_eye_with_conjunctivitis.jpg

• FIGURE 3 SOURCE

[https://commons.wikimedia.org/wiki/File:Conjunctivitis_\(RPS_03-06-2015\).png](https://commons.wikimedia.org/wiki/File:Conjunctivitis_(RPS_03-06-2015).png)

• FIGURE 4 SOURCE

https://commons.wikimedia.org/wiki/File:Viral_conjunctivitis.jpg

MAX HALFORD is a qualified dispensing optician and contact lens optician who has worked in practice for over 25 years. He is the clinical lead for ABDO and the clinical governance and performance lead for a large primary eyecare company, with responsibility for the delivery of training, accreditation and auditing of minor eye conditions, cataract and glaucoma services. He has written training and accreditation modules for Enhanced Services and is an assessor for the Wales Optometry Postgraduate Education Centre. Max is an experienced presenter and facilitator of CPD.

LEARNING OUTCOMES FOR THIS CPD ARTICLE

DOMAIN: Professionalism

10.2: Understand when a patient presenting with conjunctivitis can be managed within your scope of practice or requires referral to another healthcare professional.

DOMAIN: Clinical Practice

6.2: Demonstrate an understanding of when you will need to refer a patient presenting with conjunctivitis, that this will be dependent of your professional role and scope of practice, and how to appropriately refer.

7.2: Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.

7.7: Identify the need to consult with professional colleges when appropriate to ensure good patient care and safety.

PLAN YOUR CPD TODAY

For all the latest available CPD from ABDO, visit www.abdo.org.uk. All online and face-to-face interactive CPD events open for booking can be found on the Events pages. CPD articles and recorded lectures can be accessed in your personal membership area. Resources to help you plan and reflect on your CPD are available in the Professional Development Toolbox. GOC registrants are now responsible for submitting their own CPD and points are no longer uploaded by providers. **On successful completion of this CPD session, log into your MyGOC account and follow the steps to submit this session using your certificate of completion as evidence. For more information on the new GOC CPD scheme, visit www.optical.org**