

Pediatric Conjunctivitis

Last Modified on 03/20/2023 1:45 pm EDT

Conjunctivitis in Pediatric Patients Standing Order

EFFECTIVE DATE: _____

APPROVED FOR USE AS A POPULATION BASED STANDING ORDER BY: _____

PURPOSE: To provide a population-based standing order for pediatric patients with classic symptoms of conjunctivitis without complications:

- - Eye Yellow or green discharge (pus) in the eye
 - Dried pus on the eyelids and eyelashes
 - The eyelashes are especially likely to be stuck (matted) together following sleep
 - May involve one or both eyes
 - The sclera may or may not have some redness or pinkness (not required)
 - The eyelids are usually puffy due to irritation from the infection

POLICY: This standing order follows AAP recommendations in addition to Schmitt-Thompson nurse triage protocols and is to be implemented by the registered nurse as part of the telephone triage encounter.

PROCEDURE:

1. The RN will follow Clear Triage software assessment pathway using Schmitt-Thompson approved protocols for nurse triage to include "eye pus or discharge"
1. The RN will screen the patient for complicated symptoms or history to include fever, eyelid redness and/or swelling, eye pain, blurred vision, constant blinking, cloudy spot or haziness of cornea (clear part of eye).
1. If the patient answers "yes" to any complicating factors or history the RN will advise the patient according to the care advice found in the selected protocol. If the patient answers "no" to any complicating factors or history the RN may continue with procedure for standing order.
4. Symptomatic patients without complicating factors or history will be treated with _____.
1. RN will provide the patient with care advice as indicated by Schmitt-Thompson protocols in Clear Triage software to include reasons to call back i.e., Pus lasts over 3 days (72 hours) on treatment, Eyelid becomes red or swollen, child becomes worse.