

Outpatient Primary Care Management and Referral Guidelines
San Antonio Military Medical Center and Wilford Hall Ambulatory Surgical Center
Allergy and Immunology Service

Allergic Conjunctivitis

Definition:

The presence of ocular itching, tearing, or redness during an identifiable season or with a particular exposure, lasting >6 weeks, or be present in a particular season at least 2 years in a row. Objective testing with serum or skin testing identifies positive allergen sensitivities.

History

- Identification of at least one of the above symptoms
- Symptoms of sufficient duration to exclude transitory process (virus, irritant) or indicating a pattern of recurrence (lack of identifiable pattern often indicates more irritant or non-allergic process)

Examination/Evaluation

- Indication of inflammation or edema of conjunctiva in BILATERAL pattern
- Consider obtaining screening allergy panel

Management

- Mild or intermittent symptoms should be managed with a trial of non-sedating antihistamines (loratadine, fexofenadine, cetirizine)
- Persistent or more severe symptoms should be managed with additional of mast cell stabilizer/antihistamine ocular drops (patanol, pataday)
- Consider re-wetting drops such as non-medicated Visine or Refresh drops
- Addition of nasal corticosteroid should be considered which has proven benefits for ocular symptoms as well by improving patency of the lacrimal duct to drain into the nasal cavity
- For any vision changes or ocular pain, IMMEDIATE consultation should be made with ophthalmology as these are not common symptoms for allergic conjunctivitis and require more specialized care

Indications for referral

- Patients must have failed at least a **4 week consistent trial of combined daily oral non-sedating antihistamine and ocular mast cell stabilizer/antihistamine drops (patanol, pataday)**
- Any prior skin or serum **testing for allergies must indicate at least 1 sensitivity** (positive result); if all results were negative, than provider should refer to ophthalmology for other etiologies

There are very few consults that warrant ASAP or Urgent status. If this is entered by the referring provider, it will be downgraded to Routine unless that provider calls and directly speaks with an allergist either at SAMMC or WHASC and it is confirmed as an urgent consult.