

BMEC treatment protocol for Exogenous Endophthalmitis

In casualty: Ultrasound to exclude RD if no fundus view
 Bloods: FBC, UEs, LFT, HbA1c, glucose
 Vitreous tap + AC sample + intravitreal injections

1st intravitreal injections immediate (after 1st vitreous tap)

Vancomycin (1mg/0.1ml) – ready made

Ceftazidime (2mg/0.1ml) – reconstitute as per instruction

Dexamethasone (0.4mg/0.1ml) – ready made

***for history of severe penicillin allergy of anaphylactic reaction – use amikacin 400micrg/0.1ml (ready made) instead of ceftazidime*

***only avoid initial steroid injection if patient has history of immunocompromised / drug addiction*

2nd intravitreal injections 48 hours later (2nd vitreous tap – no need to send to lab):

Vancomycin (1mg/0.1ml)

Ceftazidime (2mg/0.1ml)

Dexamethasone (0.4mg/0.1ml) - avoid if fungal culture positive

Microbiology: vitreous tap (minimal 0.1 - 0.3ml) + AC sample
culture / sensitivity (send to local lab),

PCR for culture of bacterial, fungal (send to Coventry lab)

Check culture / sensitivity DAILY - by oncall team / consultant's team, liase with microbiologist in positive rare culture / fungal etc.

Compulsory Admission

- MUST inform consultant-oncall
- (consultant must ensure admitting trainee is aware of protocol)
- urgent contact glaucoma team if endophthalmitis related to “glaucoma-tube surgery”
- email original patient's consultant if BMEC patient identified

Prescriptions for ward admission:

Topical (day1): G Predforte 2 hourly during day only, qid after discharge

 G Ofloxacin 2 hourly during day only, qid after discharge

 G Atropine 1% od, stop after discharge

 Anti-glaucoma eyedrops prescribed accordingly

Oral (after culture result): Prednisolone 1mg / kg body weight (+ranitidine / calcichew)

 - reduce 10mg/week after ward-discharge, stop after 6-8 weeks.

Subconjunctival: Dexamethasone (4mg/ml) – optional as per consultant's decision

PPV (VR opinion): after 3 days - if status worsening or persistent Perception of Light vision.