Suspected Neonatal (≤ 28 days of age) Conjunctivitis

Swab affected eye(s) for:
• Neisseria gonorrhoea (GC)
• Chlamydia trachomatis (Chlamydia)
• Herpes Simplex Virus (HSV) PCR

Is patient febrile or ill appearing?

Yes

Patient off Conjunctivitis guideline, Refer to Febrile Infant (REVISE) guideline

No

Does patient meet high risk for GC, Chlamydia, or HSV?

Yes

Further evaluation and treatment recommendations for suspected:
• Neisseria gonorrhoea (GC)
• Chlamydia trachomatis (Chlamydia)
• Herpes Simplex Virus (HSV)

No

Low risk neonates with suspected conjunctivitis due to other infectious agents?

Yes

Evaluation, Treatment & Follow-up
• Empiric treatment with erythromycin or bacitracin ophthalmic ointment
• Follow up exam in 24-72 hours with PCP or Ophthalmology
• If not improved, adjust therapy based on e-SWAB culture results

No

Findings concerning for other diagnoses, such as:
• Nasolacrimal duct obstruction (follow up with Primary Care Provider)
• Dacrocystocele (follow up with Ophthalmology)
• Dacryocystitis (admit with Ophthalmology consult)

Risk Criteria for Neisseria gonorrhoea (GC), Chlamydia trachomatis (Chlamydia), or Herpes Simplex Virus (HSV)

- Maternal history of untreated GC
- Maternal history of untreated Chlamydia
- Vesicular skin lesions: Suspect HSV
- History of maternal HSV lesions at delivery, especially if known to be primary infection: Suspect HSV
- Baby born without recommended topical eye prophylaxis for GC (such as home birth): Suspect GC
- Hemorrhagic conjunctivae: Suspect Chlamydia
- Remarkable amounts of eye discharge: Suspect GC

If "Yes" to any of these risk criteria then patient should be considered higher risk for infections from GC, Chlamydia, or HSV.

Power plans associated with Neonatal Conjunctivitis
• EDP: Eye Infection Powerplan > Neonatal Conjunctivitis Subphase
• Inpatient: Neonatal Conjunctivitis Powerplan