

Suspected Neonatal (≤ 28 days of age)
Conjunctivitis

Power plans associated with Neonatal Conjunctivitis

- *EDP: Eye Infection Powerplan* > Neonatal Conjunctivitis Subphase
- *Inpatient: Neonatal Conjunctivitis Powerplan*

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

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.

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)
- [Dacryocystocele](#) (follow up with Ophthalmology)
- [Dacryocystitis](#) (admit with Ophthalmology consult)