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)
      - Dacryocystocele (follow up with Ophthalmology)
      - Dacryocystitis (admit with Ophthalmology consult)

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

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.