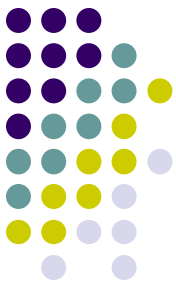
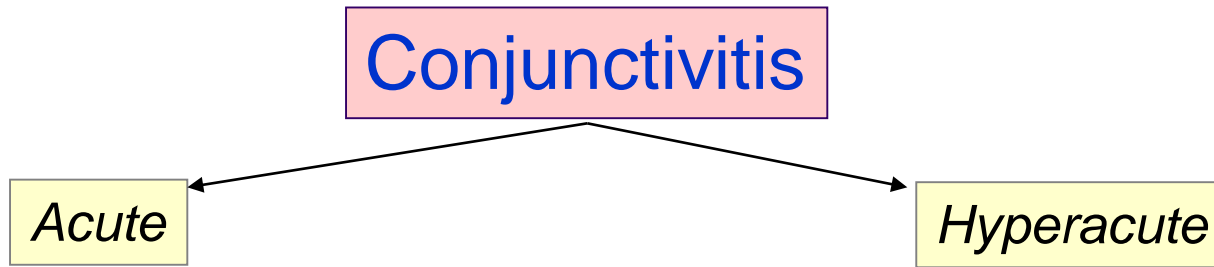


Acute/Hyperacute Conjunctivitis



Acute/Hyperacute Conjunctivitis



Conjunctivitis

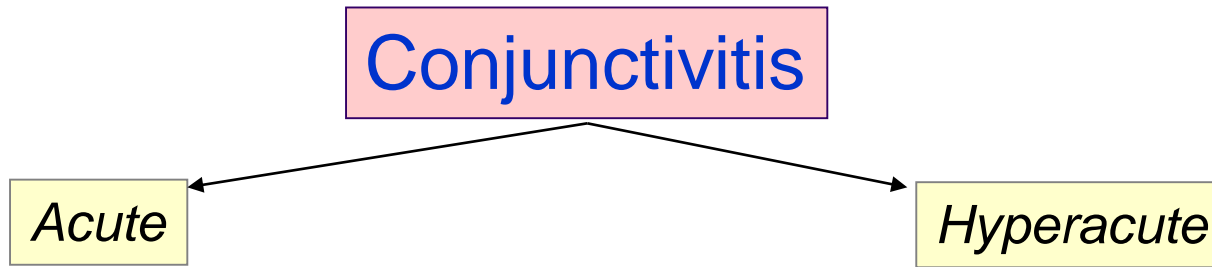
Acute

Hyperacute

Bugs:

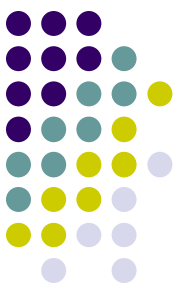
- 1) specific bug : #1
- 2) ditto : Less severe
- 3) ditto ditto

Acute/Hyperacute Conjunctivitis

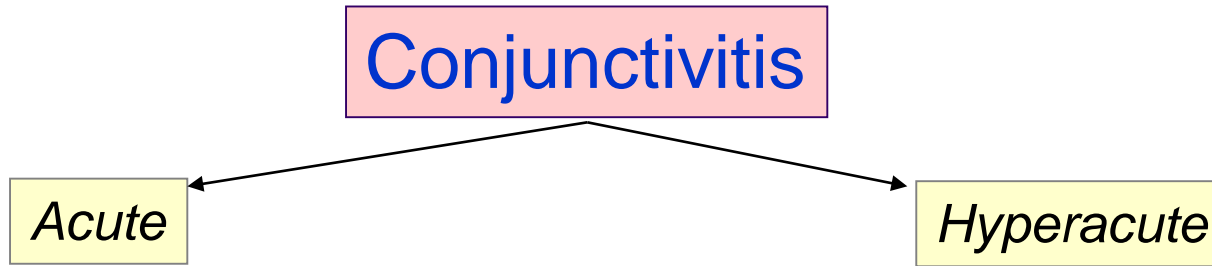


Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***



Acute/Hyperacute Conjunctivitis



Bugs:

- 1) *S. pneumo*: #1
- 2) *S. aureus*: Less severe
- 3) *H. flu*

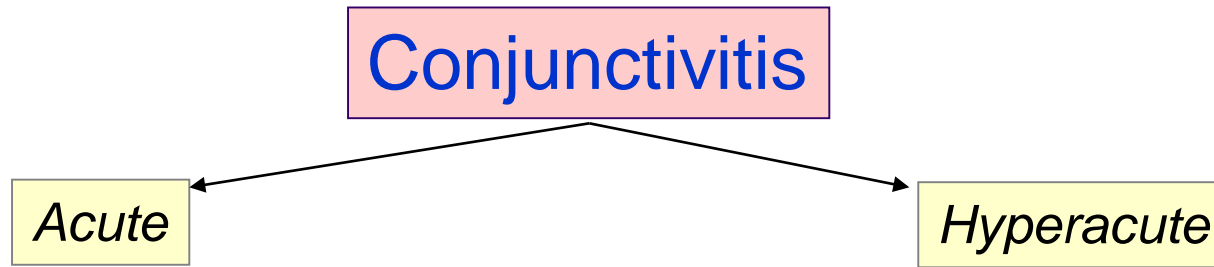
--Kids with

dz (two words)

--

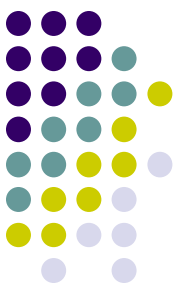


Acute/Hyperacute Conjunctivitis

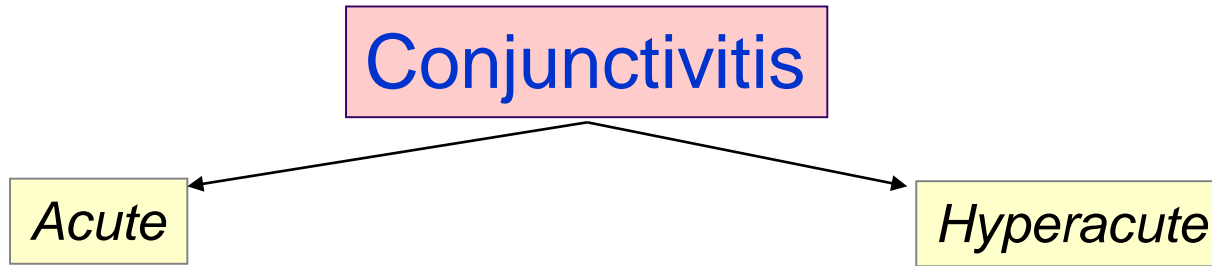


Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 -



Acute/Hyperacute Conjunctivitis

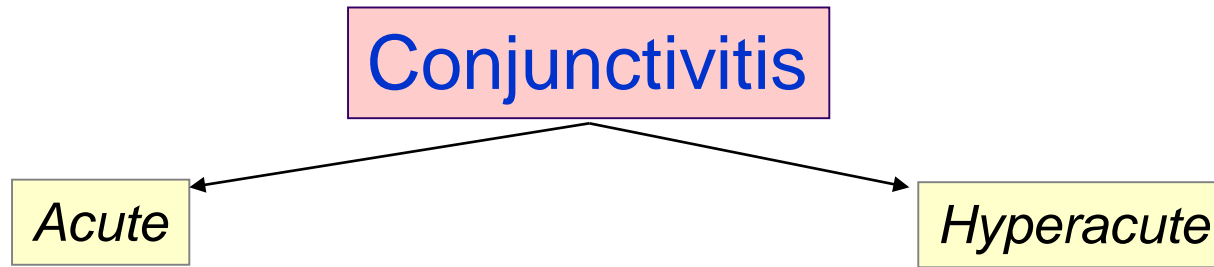


Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with two words dz

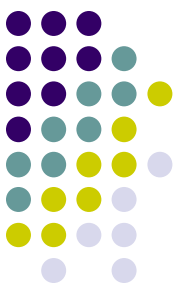


Acute/Hyperacute Conjunctivitis

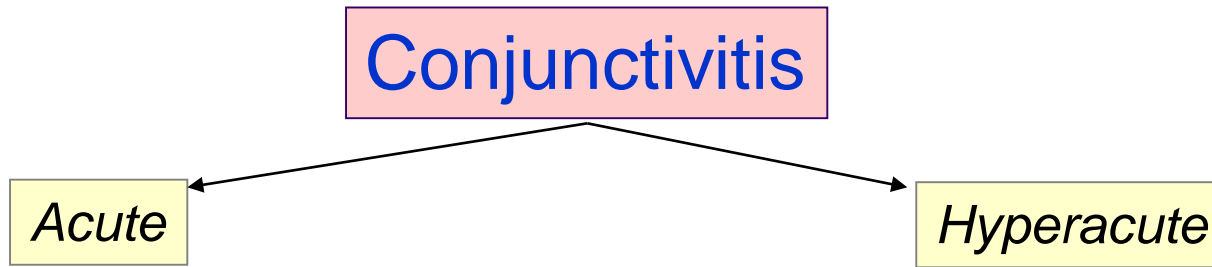


Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**



Acute/Hyperacute Conjunctivitis

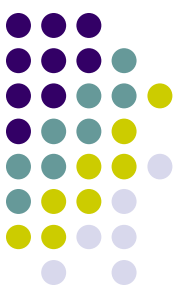


Bugs:

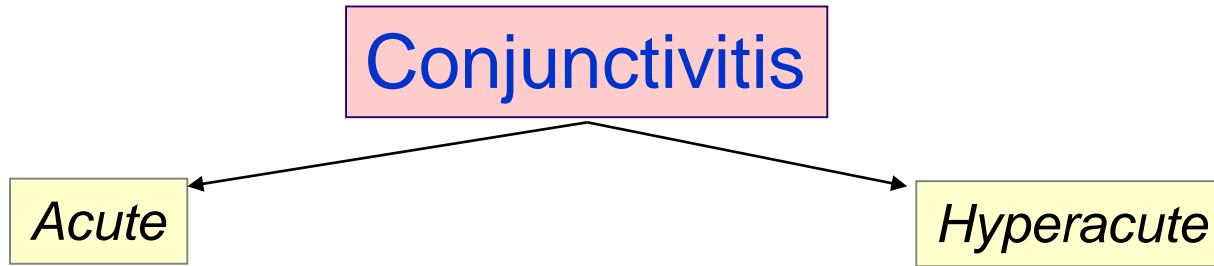
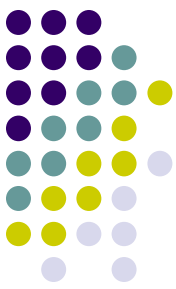
- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

Cultures/stains needed?

--



Acute/Hyperacute Conjunctivitis



Bugs:

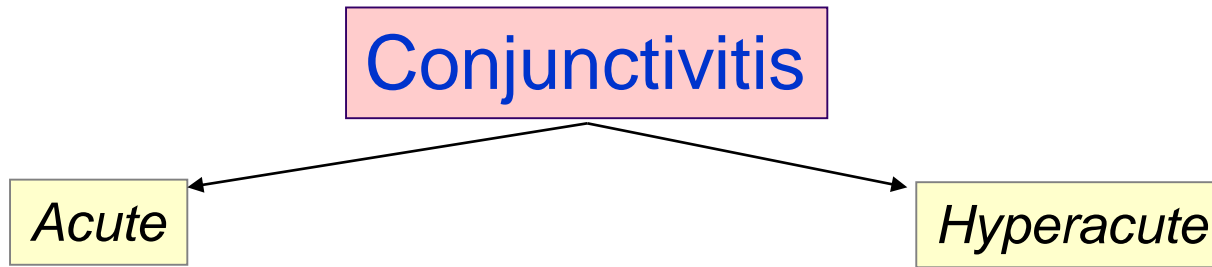
- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

Cultures/stains needed?

--No, unless:

- 1)
- 2)
- 3)

Acute/Hyperacute Conjunctivitis



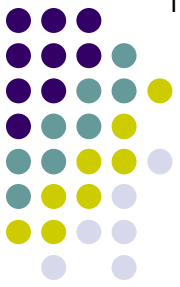
Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

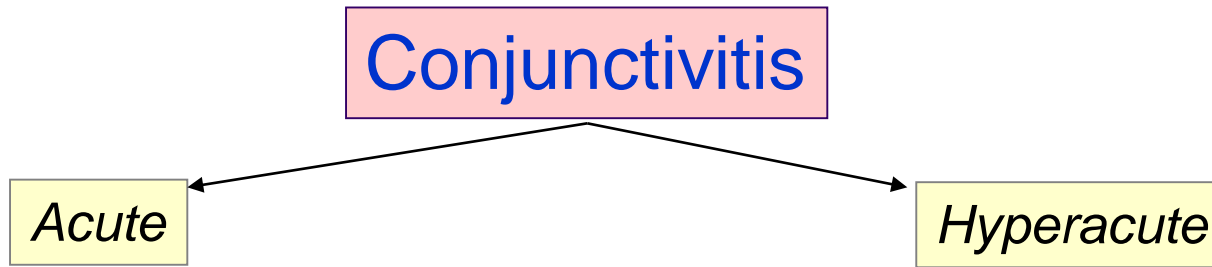
Cultures/stains needed?

--**No**, unless:

- 1) **debilitated**
- 2) **immunocompromised**
- 3) **unresponsive to treatment**



Acute/Hyperacute Conjunctivitis



Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

Cultures/stains needed?

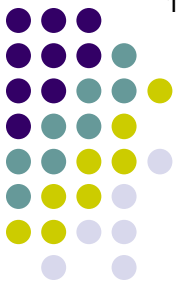
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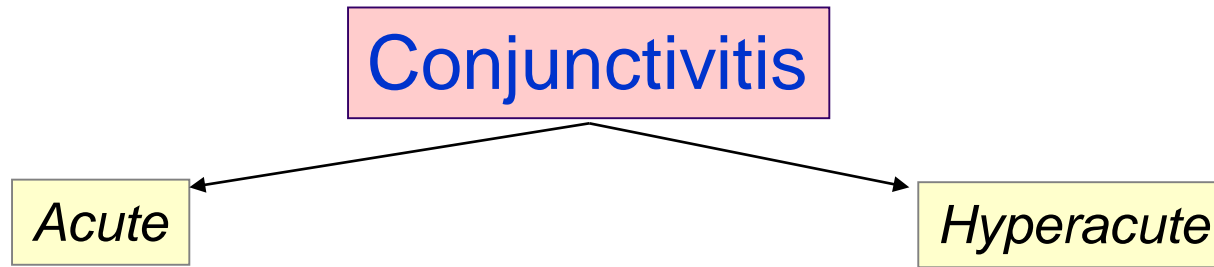
Treatment:

-- drop (has good *H. flu* coverage)

--



Acute/Hyperacute Conjunctivitis



Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

Cultures/stains needed?

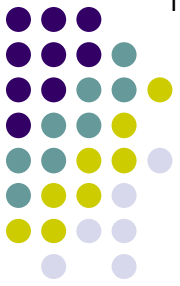
--**No**, unless:

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- 3) **unresponsive to treatment**

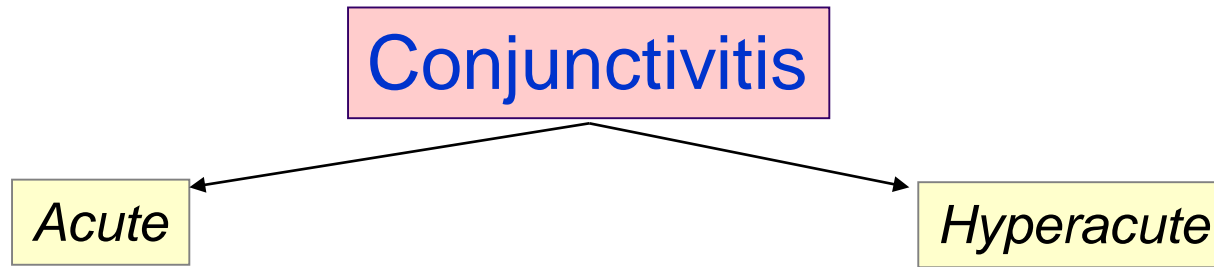
Treatment:

--**Polytrim** (has good *H. flu* coverage)

--



Acute/Hyperacute Conjunctivitis



Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

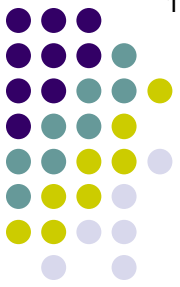
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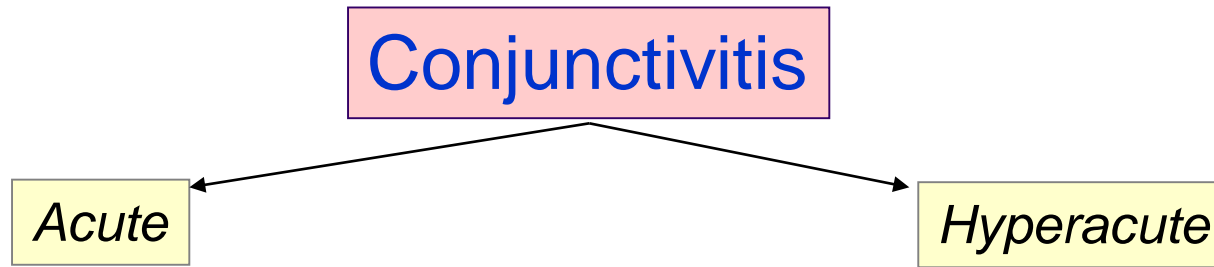
- 1) **debilitated**
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- 3) **unresponsive to treatment**

Treatment:

- Polytrim** (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids
(to prevent dz/dz)



Acute/Hyperacute Conjunctivitis



Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

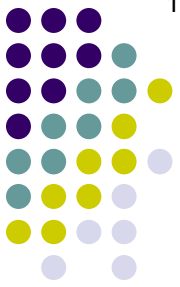
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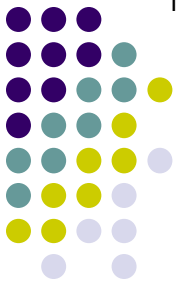
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(to prevent **otitis/pharyngitis**)



Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

Hyperacute

Bugs:

- 1) [redacted]
- 2) [redacted] (much less common)

Cultures/stains needed?

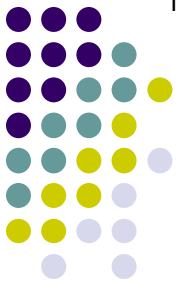
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Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

Hyperacute

Bugs:

- 1) ***N. gonorrhoea***
- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

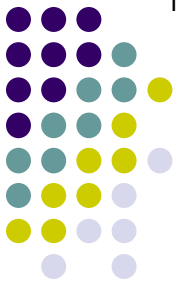
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Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

Bugs:

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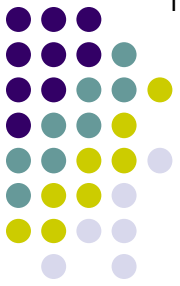
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--

Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

Bugs:

- 1) ***S. pneumo***: #1
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Hyperacute

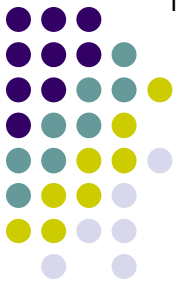
Bugs:

- 1) ***N. gonorrhea***
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Cultures/stains needed?

--**Yes**

Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

Bugs:

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- 2) ***S. aureus***: Less severe
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Hyperacute

Bugs:

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- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

--**Yes**

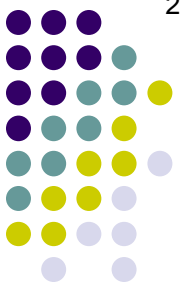
Treatment:

--*If no corneal involvement:*

Inpt or Outpt? Med + route?

--

Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

Cultures/stains needed?

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- 2) **immunocompromised**
- 3) **unresponsive to treatment**

Treatment:

- Polytrim** (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids
(to prevent **otitis/pharyngitis**)

Hyperacute

Bugs:

- 1) ***N. gonorrhea***
- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

--**Yes**

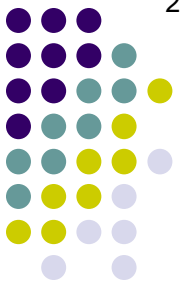
Treatment:

--*If no corneal involvement:*

Outpatient w/ 1g Rocephin IM x 1

--

Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

Cultures/stains needed?

--**No**, unless:

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- 2) **immunocompromised**
- 3) **unresponsive to treatment**

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(to prevent **otitis/pharyngitis**)

Hyperacute

Bugs:

- 1) ***N. gonorrhea***
- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

--**Yes**

Treatment:

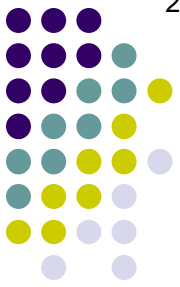
--*If no corneal involvement:*

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--*If with corneal involvement:*

Inpt or Outpt? Med + route?

Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

Bugs:

- 1) ***S. pneumo***: #1
- 2) ***S. aureus***: Less severe
- 3) ***H. flu***
 - Kids with **otitis media**
 - Adults with **chronic lung dz**

Cultures/stains needed?

--**No**, unless:

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- 2) **immunocompromised**
- 3) **unresponsive to treatment**

Treatment:

- Polytrim** (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids
(to prevent **otitis/pharyngitis**)

Hyperacute

Bugs:

- 1) ***N. gonorrhea***
- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

--**Yes**

Treatment:

--*If no corneal involvement:*

Outpatient w/ 1g Rocephin IM x 1

--*If with corneal involvement:*

Inpatient, 1g Rocephin IV q12^o x 3d

Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

But gonococcus is a venereal disease. How does it get in the eye?

Treatment.

- Polytrim (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids
(to prevent otitis/pharyngitis)

Hyperacute

Bugs:

- 1) ***N. gonorrhoea***
- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

--Yes

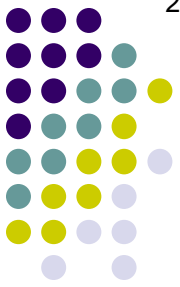
Treatment.

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Outpatient w/ 1g Rocephin IM x 1

--If with corneal involvement:

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Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

*But gonococcus is a venereal disease. How does it get in the eye?
Seriously? Use your imagination.*

Treatment.

- Polytrim (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids
(to prevent otitis/pharyngitis)

Hyperacute

Bugs:

- 1) ***N. gonorrhoea***
- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

--Yes

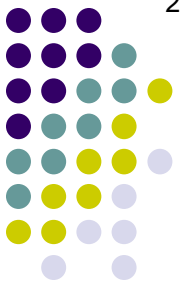
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Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

*But gonococcus is a venereal disease. How does it get in the eye?
Seriously? Use your imagination.*

OK then, if we're talking STDs here, should we be concerned about other 'love bugs'?

Treatment:

- Polytrim (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids
(to prevent **otitis/pharyngitis**)

Hyperacute

Bugs:

- 1) ***N. gonorrhoea***
- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

--**Yes**

Treatment:

--*If no corneal involvement:*

Outpatient w/ 1g Rocephin IM x 1

--*If with corneal involvement:*

Inpatient, 1g Rocephin IV q12^o x 3d



Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

But gonococcus is a venereal disease. How does it get in the eye?

Seriously? Use your imagination.

OK then, if we're talking STDs here, should we be concerned about other 'love bugs'?

Yes. About 1/3 of pts with GC conjunctivitis will have a concurrent [redacted] infection.

Treatment.

- Polytrim (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids (to prevent otitis/pharyngitis)

Hyperacute

Bugs:

- 1) ***N. gonorrhoea***
- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

--Yes

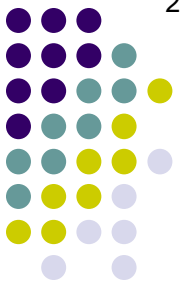
Treatment.

--If no corneal involvement:

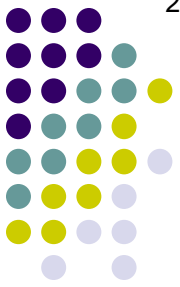
Outpatient w/ 1g Rocephin IM x 1

--If with corneal involvement:

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Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

*But gonococcus is a venereal disease. How does it get in the eye?
Seriously? Use your imagination.*

*OK then, if we're talking STDs here, should we be concerned about other 'love bugs'?
Yes. About 1/3 of pts with GC conjunctivitis will have a concurrent Chlamydial infection.*

Treatment:

- Polytrim (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids (to prevent otitis/pharyngitis)

Hyperacute

Bugs:

- 1) ***N. gonorrhoea***
- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

--Yes

Treatment:

--If no corneal involvement:

Outpatient w/ 1g Rocephin IM x 1

--If with corneal involvement:

Inpatient, 1g Rocephin IV q12^o x 3d

Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

But gonococcus is a venereal disease. How does it get in the eye?

Seriously? Use your imagination.

OK then, if we're talking STDs here, should we be concerned about other 'love bugs'?

Yes. About 1/3 of pts with GC conjunctivitis will have a concurrent Chlamydial infection.

What implication does this have for managing GC conjunctivitis?

Treatment.

- Polytrim (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids (to prevent otitis/pharyngitis)

Hyperacute

Bugs:

- 1) ***N. gonorrhoea***
- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

--Yes

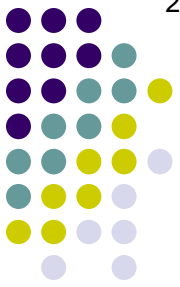
Treatment.

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Acute/Hyperacute Conjunctivitis

Conjunctivitis

Acute

But gonococcus is a venereal disease. How does it get in the eye?

Seriously? Use your imagination.

OK then, if we're talking STDs here, should we be concerned about other 'love bugs'?

Yes. About 1/3 of pts with GC conjunctivitis will have a concurrent Chlamydial infection.

What implication does this have for managing GC conjunctivitis?

In addition to Rocephin for the GC, they should receive an empirical dose of PO zithromycin

Treatment:

- Polytrim (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids (to prevent otitis/pharyngitis)

Hyperacute

Bugs:

- 1) ***N. gonorrhoea***
- 2) ***N. meningitidis*** (much less common)

Cultures/stains needed?

--Yes

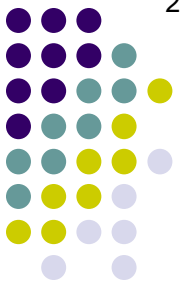
Treatment:

--If no corneal involvement:

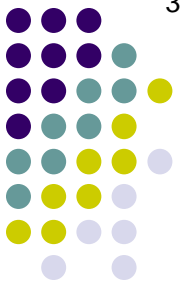
Outpatient w/ 1g Rocephin IM x 1

--If with corneal involvement:

Inpatient, 1g Rocephin IV q12^o x 3d
(plus azithromycin PO 'just in case')



Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

Bugs:

- 1) *S. pneumo*: #1
- 2) *S. aureus*: Less severe
- 3) *H. flu*
 - Kids with otitis media
 - Adults with chronic lung dz

Cultures/stains needed?

- No, unless:
- 1) debilitated
 - 2) immunocompromised
 - 3) unresponsive to treatment

Treatment:

- Polytrim (has good *H. flu* coverage)
- Consider (to prevent

Hyperacute

Bugs:

- 1) *N. gonorrhea*
- 2) *N. meningitidis* (much less common)

Cultures/stains needed?

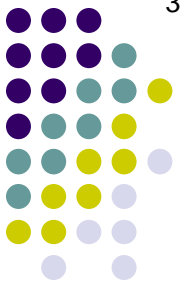
--Yes

Treatment:

- If no corneal involvement:
Outpatient w/ 1g Rocephin IM x 1
- If with corneal involvement:
Inpatient, 1g Rocephin IV q12° x 3d

In addition to antibiotics, what therapeutic maneuver should be performed?

Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

Bugs:

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 - 2) immunocompromised
 - 3) unresponsive to treatment

Treatment:

- Polytrim (has good *H. flu* coverage)
- Consider (to prevent

In addition to antibiotics, what therapeutic maneuver should be performed?
 Copious irrigation with normal saline to remove inflammatory debris, cells, and proteases from the ocular surface

Hyperacute

Bugs:

- 1) *N. gonorrhea*
- 2) *N. meningitidis* (much less common)

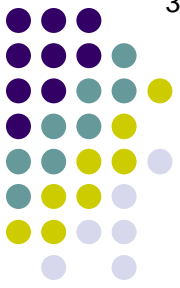
Cultures/stains needed?

--Yes

Treatment:

- If no corneal involvement:
Outpatient w/ 1g Rocephin IM x 1
- If with corneal involvement:
Inpatient, 1g Rocephin IV q12° x 3d

Acute/Hyperacute Conjunctivitis



Conjunctivitis

Acute

Bugs:

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 - Kids with otitis media
 - Adults with chronic lung dz

Cultures/stains needed?

- No, unless:
- 1) debilitated
 - 2) immunocompromised
 - 3) unresponsive to treatment

Treatment:

- Polytrim (has good *H. flu* coverage)
- Consider PO abx if *H. flu* in kids (to prevent otitis/pharyngitis)

Hyperacute

Bugs:

- 1) *N. gonorrhoea*
- 2) *N. meningitidis* (much less common)

Cultures/stains needed?

--Yes

Treatment:

--If no corneal involvement:

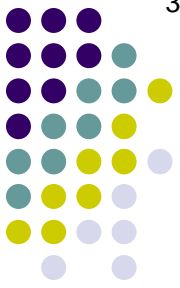
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Inpatient, 1g Rocephin IV q12° x 3d

When ulcerative keratitis develops in gonococcal conjunctivitis, where is the ulcer likely to be located?

Acute/Hyperacute Conjunctivitis



Conjunctivitis

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Cultures/stains needed?

--Yes

Treatment:

--If no corneal involvement:

Outpatient w/ 1g Rocephin IM x 1

--If with corneal involvement:

Inpatient, 1g Rocephin IV q12° x 3d

When ulcerative keratitis develops in gonococcal conjunctivitis, where is the ulcer likely to be located? In the corneal periphery—40% develop PUK