

Endophthalmitis Protocol

Diagnosis to Treatment 60 mins

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Hillingdon Hospital Eye Department

Diagnosis by 2 doctors Red Eye, Pain, Reduced Visual Acuity
Recent intraocular surgery / intra-vitreous injection
Immunocompromised / ITU patient

2 Doctors

Doc 1 (senior)

Stay with patient
Alert Nursing staff
Identify Clinic Endophthalmitis Pack
Administer po drugs from pack (after excluding potential exclusion criteria)
 po Moxifloxacin 400mg
 po Co-Dydramol 10/500 x 2 tabs
 po Temazepam 10mg
Consent patient & escort patient to theatres

Doc 2 (junior)

Alert micro - tel 3288
Alert theatre coordinator - bleep 5739
Put on emergency list
Identify venue- (theatre or anaes room)
Alert theatre staff
Discuss with on call anaes - bleep 5455
?needs parenteral sedation / analgesia
Start on step 1 below

Theatre 5

- 1) Identify Theatre Endophthalmitis Pack in prep room, Theatre 5
- 2) Identify the drugs
3 prepacks: **Vancomycin 2.0mg in 0.1ml**
 Amikacin 0.4mg in 0.1 ml
 Amphotericin 5µg in 0.1ml (in prep room fridge, Th5)
Senior doctor to consider Amphotericin if fungal / immunocomp / ITU
- 3) Make up drugs
- 4) *Make sure you have everything you need before you begin*
- 5) Take vitreous sample (0.2ml – 0.3ml) – **turn page for detailed instruction**
- 6) Take aqueous sample (≤ 0.1ml) take care if eye soft from step 5
- 7) Administer drugs to vitreous nb- amphotericin may not be required
- 8) Send syringe- without needle to labs – DO NOT PLATE
- 9) Senior doc consider po Prednisolone 1mg/kg (beware endogenous or fungal)
- 10) Consider sending patient to WEH for admission, otherwise daily review THH
- 11) po Moxifloxacin 400mg od, Ofloxacin QDS, Maxidex QDS, Cyclo 1% bd

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Hillingdon Hospital Eye Department

Vitreous & Aqueous Tap and Intra-vitreous Administration of Antibiotics Protocol

- 1) Use pre-packed drugs and make up Vancomycin, Amikacin +/- Amphotericin
- 2) Prep eye with 0.5% Proxymethacaine, 1% Tetracaine & 5% Povidone-iodine
- 3) Scrub: Sterile Gloves and Gown
- 4) Drape
- 5) Local anaesthetic Lidocaine 2%, raise bleb with 25G needle on 1 ml syringe
- 6) Wait 2 mins
- 7) Mark infero-temporally from limbus: 3.5mm if pseudophakic, 4mm if phakic
- 8) Attach 21G needle to 1ml syringe and insert to vitreous – aim posterior
- 9) Aspirate 0.2 ml (0.3 if using amphotericin)
- if dry tap reassess with senior guidance
- 10) Using an insulin syringe, aspirate 0.1ml from aqueous
- beware AC collapse and damage to iris / lens
- 11) Detach and KEEP SYRINGES for micro, do not attempt to plate
- 12) Without removing 21G needle, instil antimicrobials (0.1ml each) separately
- 13) Doc 2 to take samples to micro
- 14) See step 9 over page