NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Bacterial keratitis management

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The online version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

NHS GGC: OPHTHALMOLOGY

BACTERIAL KERATITIS GUIDELINES ON PRESENTATION

FEATURES & RISKS OF FUNGAL KERATITIS

- Long term topical steroid use
- Injury with organic material
- Feathery margins of infiltrate

HISTORY

- Contact Lens Wear/Hygiene
- Trauma
- Social History:
  - Elderly
  - Lives Alone
- Ocular Co-Morbidities:
  - Entropion
  - Lagophthalmos
  - Lid Margin Disease
- Recent Foreign Travel

if
Corneal Ulcer **smaller than** 1mm

- Stop Contact Lens Wear
- Ofloxacin 0.3% : 1-2 hourly by day
- Chloramphenicol Ointment: At night
- Review in Cornea PCC in 1 week
  - If clinical concern review earlier
- Give worsening advice

if
Corneal Ulcer **bigger than** 1mm

- **Inform microbiology** and send:
  - Urgent Gram *Stain*
  - Viral PCR
  - Acanthamoeba PCR
  - Culture Plates
- Take clinical photos where possible
- Inform Cornea Team or on-call consultant.

ADMIT if one of the following is present:

- Ulcer bigger than 2mm
- Central Ulcer
- Hypopyon Present
- Impending corneal perforation
- Limbal/scleral involvement
- Likelihood of poor treatment compliance (e.g. lives alone)

Have a lower threshold for admission in corneal graft patients – discuss with the corneal team.

MANAGEMENT

- Gentamicin 1.5% **and** Cefuroxime 5% : Hourly for at least 48 hours, **day and night**
- Atropine 1% : Twice daily to affected eye
- Oral antibiotics to be considered by corneal team in severe cases
- Chase gram stain, culture, virology and acanthamoeba result
- Stop contact lens wear
- **Daily review by cornea team**
- **Discuss with consultant if suspicion of fungal keratitis & need for anti-fungal treatment (e.g. topical amphotericin 0.15%)**

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