



CLINICAL GUIDELINES

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 Intranet 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.

Bacterial Keratitis

- History:
- Contact lens wear
 - Contact lens hygiene
 - Ocular co-morbidities: Entropion/ Lagophthalmos/ Lid margin disease
 - Social History: Elderly? Lives alone?
 - Recent foreign travel

Corneal ulcer < 1mm

Corneal ulcer > 1mm

- Stop contact lens wear
- Hourly Ofloxacin 0.3% for 48 hours
- Review in Cornea PCC in 48 hours to ensure ulcer is healing

- *Discuss with microbiology to obtain corneal scrapes*
 - Send: Urgent Gram stain, Viral PCR, Acanthamoeba PCR, Culture plates
 - If contact lens wearer, send contact lenses and case to microbiology for M, C and S
 - Take clinical photos
 - Inform Cornea team or on-call consultant
- Admit if:
- Ulcer > 2mm
 - Central Ulcer
 - Hypopyon present
 - Impending corneal perforation
 - Limbal/Scleral involvement
 - Likelihood of poor treatment compliance (eg lives alone)

- At review in 48 hours,
If ulcer is healing:
- Reduce Ofloxacin 0.3% drops to six times daily for 1 week.
 - Add weak topical steroids eg FML TDS for 1 week
 - Commences ocular lubricants
 - Review in Cornea PCC in 1-2 weeks
 - If resolved at Cornea PCC review, discharge to patients' optician in the community

- If ulcer is not improving or worsening:
- Corneal scrape + Viral PCR.
 - Clinical Photograph
 - Chase M, C and S
- Discuss with casualty or on-call consultant

- Management**
- Hourly Gentamicin 1.5% + Cefuroxime 5% for atleast 48 hours DAY and NIGHT
 - Atropine 1% BD to affected eye
 - Ciprofloxacin 750mg BD for 1 week (*If Hypopyon present or Limbal involvement*)
 - Chase M, C and S results
- Daily Ophthalmology review by Cornea team