EYE INFECTIONS Blepharitis

Antibiotics are not routinely required, and local hygiene measures are usually effective unless there are signs of meibomian gland dysfunction or not responding to first-line treatment.

First choice

Eyelid hygiene for symptom control. Eyelids should be cleaned twice a day initially, then once daily as symptoms improve. In addition, a warm compress (a clean cloth warmed with hot water) should be applied to closed eyelids for 5 - 10 minutes once or twice daily, a brief gentle eyelid massage can also offer benefits and eye makeup should be avoided.

Second choice if hygiene measures are ineffective after 2 weeks				
Antibiotic	Dosage	Duration		
topical chloramphenicol	1% ointment twice a day	6-week trial		
Third choice				
oral oxytetracycline	500mg twice a day 250mg twice a day	4 weeks (initial) 8 weeks (maintenance)		
OR				
oral doxycycline	100mg once a day	4 weeks (initial)		
(not for use in pregnancy) (off-licence)	50mg once a day	8 weeks (maintenance)		

Referral Information

- Refer for same-day ophthalmological assessment if:
 - ✓ Symptoms of corneal disease e.g., pain and blurred vision
 - ✓ Has rapid onset visual loss
 - ✓ Suspected orbital or pre-septal cellulitis
 - ✓ Eye becomes painful and/or red
- Urgent Refer to ophthalmology if:
 - Eyelid asymmetry or deformity (to exclude malignancy)
 - ✓ Gradual deterioration of vision
 - Underlying condition suspected e.g., Sjögren's syndrome or ocular pemphigoid
 - ✓ Failed treatment in primary care
 - ✓ Uncertain diagnosis

Patient Information Leaflet

<u>NHS Blepharitis</u> <u>Association of Optometrists Blepharitis</u>

Version Control- Eye infections (Blepharitis)				
Version	Author(s)	Date	Changes	
V2.0	Karen Robinson, Interface	05/05/22	New format for guideline	
	and Formulary Technician Shary Walker, Interface and Formulary Pharmacist	21/06/22 22/07/22	Referral and patient information leaflets Doxycycline – off licensed and not for use in pregnancy	