

Pediatric Guidelines: Head and Neck Infections - Conjunctivitis

Condition	Major Pathogens	First Choice Therapy	Alternative Therapy	Comments
Conjunctivitis	Often viral			
	<i>Streptococcus pneumoniae</i>	Trimethoprim-Polymyxin B 0.1%-10,000 units/ml ophthalmic drops 1-2 drops 4 times daily for 5-7 days	Topical therapy is not necessary if patient is on concurrent systemic therapy with coverage against likely causative organisms	Commonly caused by viruses, consider supportive treatment such as warm compresses or cold saline drops
	<i>Haemophilus influenzae</i>			
	<i>Moraxella catarrhalis</i>			
<i>Staphylococcus aureus</i>				

These are guidelines only and not intended to replace clinical judgment. Modification of therapy may be indicated based on patient comorbidities, previous antibiotic therapy or infection history. Doses provided are usual doses but may require modification based on patient age or comorbid conditions. Refer to [Pediatric Antimicrobial Dosing Guideline\[1\]](#) for further guidance on dosing in children, and [Neonatal Dosing Guideline\[2\]](#) for infants < 1 month of age. Consult a pediatric pharmacist for individualized renal or hepatic dose adjustment. For additional guidance, please contact Pediatric Infectious Diseases (ID) or the Pediatric Antimicrobial Stewardship Program (ASP).

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Links:

[1] <http://idmp.ucsf.edu/pediatric-antimicrobial-dosing-benioff-childrens-hospital>

[2] <http://idmp.ucsf.edu/neonatal-antimicrobial-dosing-benioff-childrens-hospital-san-francisco>