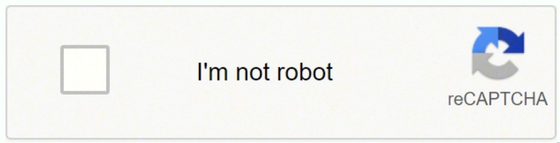
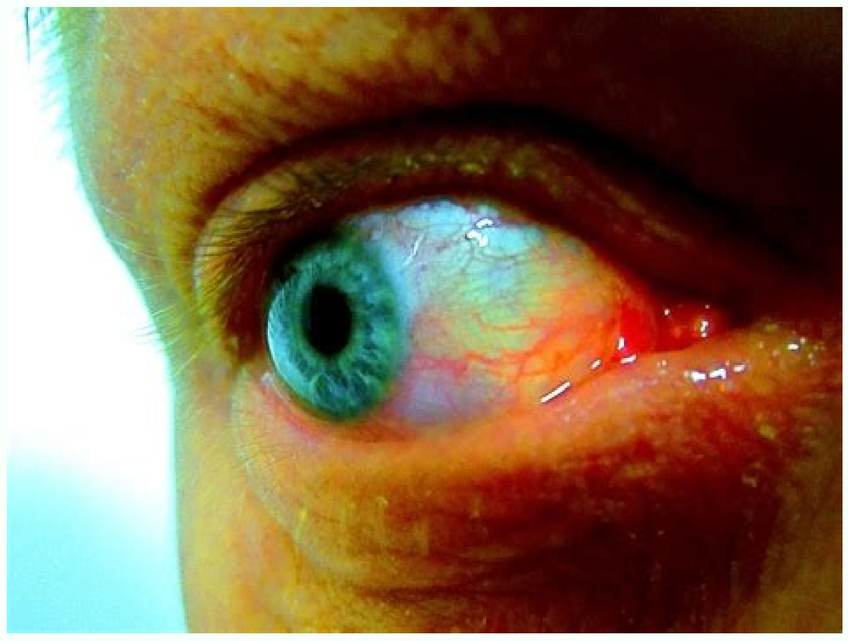
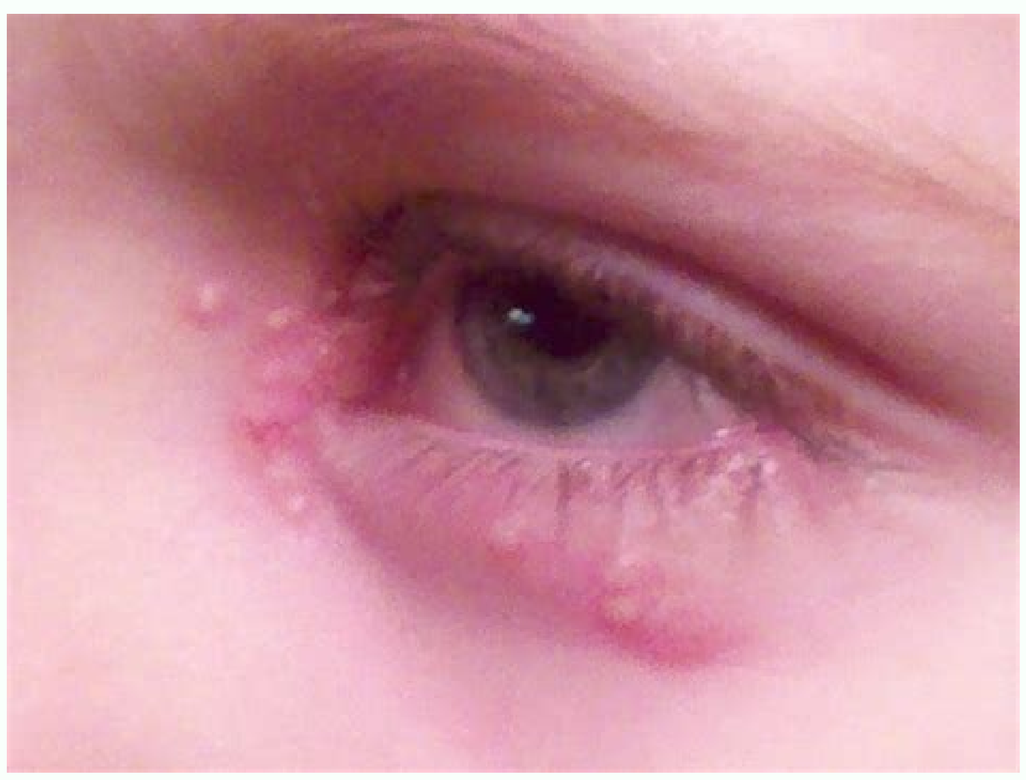
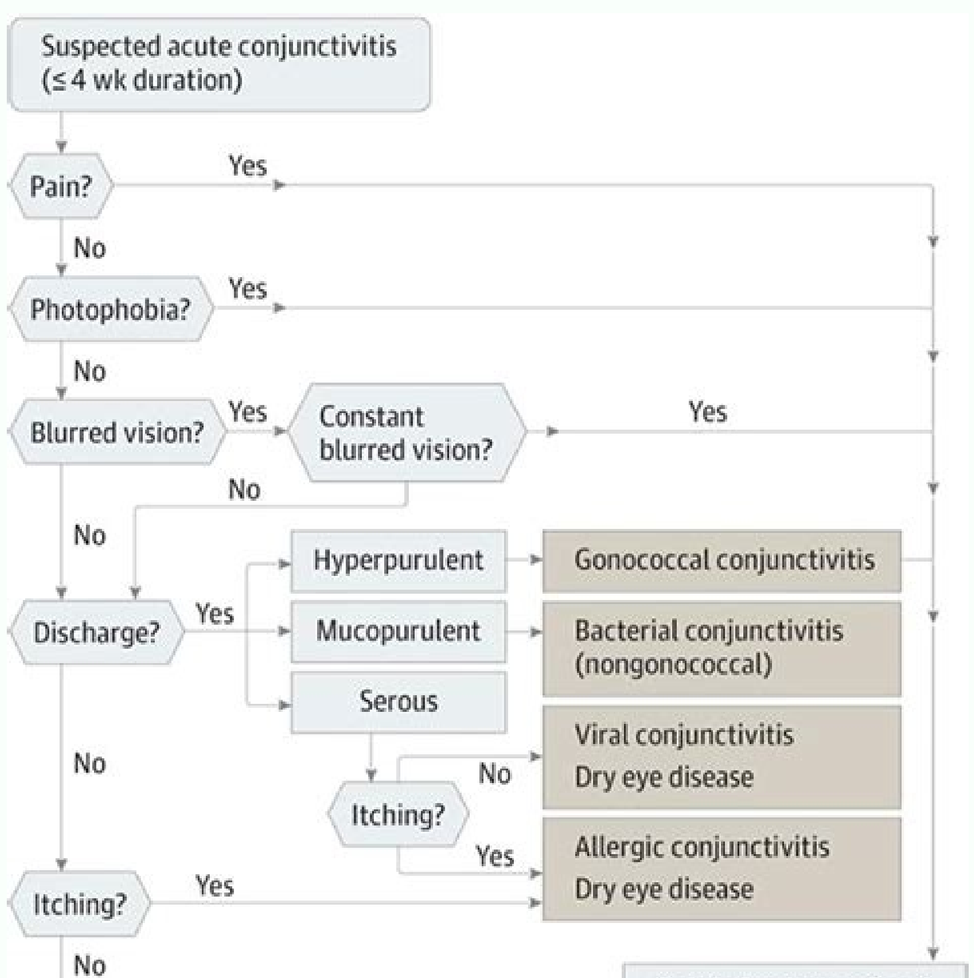


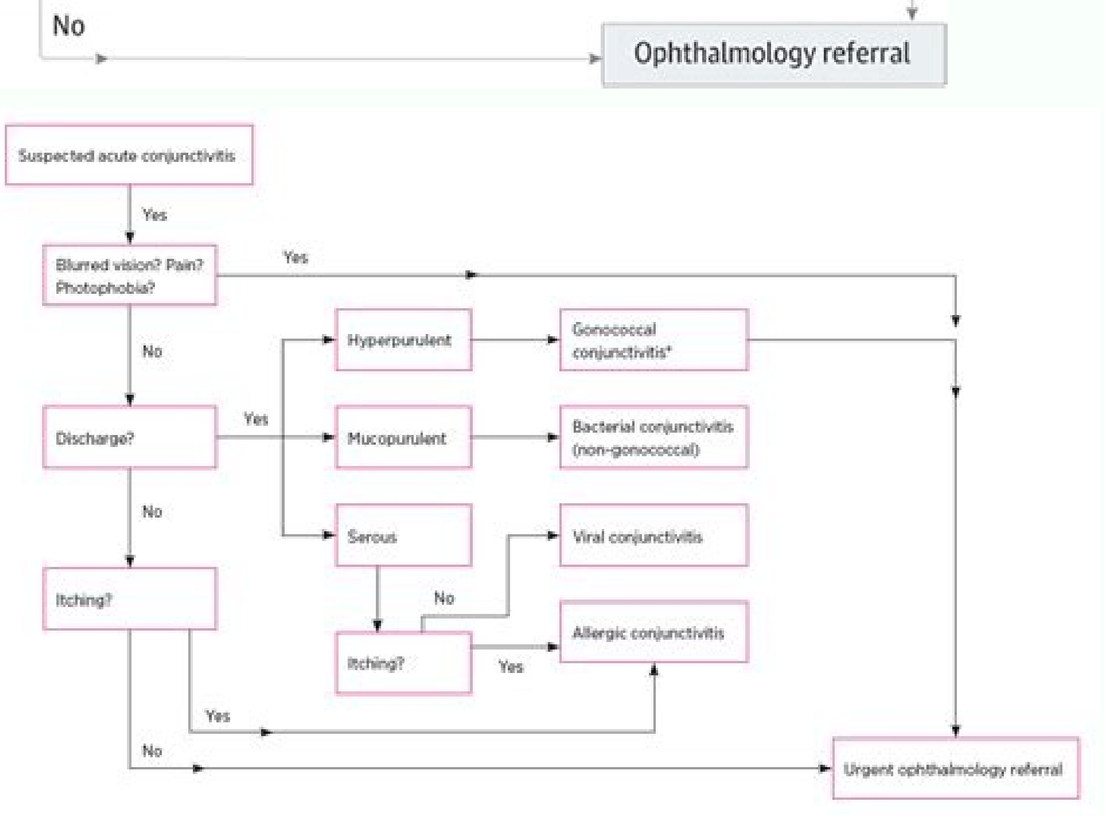
Open

Infectious conjunctivitis guidelines









Indication	Preferred Therapy	Alternative Agents	Duration
1. Secondary SBP prophylaxis	Norfloxacin 400 mg PO daily	Trimethoprim-sulfamethoxazole one double strength tablet daily Ciprofloxacin 500 mg PO daily Levofloxacin 250 mg PO daily	Indefinite as long as ascites is present
2. Primary SBP prophylaxis reserved for patients with advanced liver disease*	Norfloxacin 400 mg PO daily	Trimethoprim-sulfamethoxazole one double strength tablet daily Ciprofloxacin 500 mg PO daily Levofloxacin 250 mg PO daily	Indefinite as long as ascites is present
3. Acute gastrointestinal hemorrhage	Ceftriaxone 1 gm IV daily (preferred in patients with advanced liver disease**)	May transition to oral therapy once patient is stabilized: Norfloxacin 400 mg PO bid Ciprofloxacin or 500 mg PO bid (or 400mg IV bid)	7 days

*Ascitic fluid total protein less than 1.5 g/dL, and at least two of the following: serum creatinine ≥ 1.2 mg/dL, blood urea nitrogen ≥ 25 mg/dL, serum sodium ≤ 130 mEq/L or Child-Pugh ≥ 9 points with bilirubin ≥ 3 mg/dL
** Ascites, severe malnutrition, encephalopathy, or bilirubin greater than 3 mg/dL

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tcatnoC6seY0202sitivitcnujnoc suoitcefni-noN5.940.75.65.30.55.646sitivitcnujnocotareK cipotA5seY0202sitivitcnujnoc suoitcefni-noN0.165.60.70.70.70.707ECIN ÂÂ¢Ã cigrellA ÂÂ¢Ã sitivitcnujnoC4seY8102sitivitcnujnoc suoitcefnI0.165.60.70.70.70.787ECIN ÂÂ¢Ã evitcefnI ÂÂ¢Ã sitivitcnujnoC3seY5102sitivitcnujnoc suoitcefni-noN0.740.75.55.55.50.696)ACED(sitivitcnujnoC cigrellA no tnemucoD susnesnoC2seY9102sitivitcnujnoc suoitcefnI5.850.70.70.65.60.677murotanoeN aimlahthpO laccoconoG rof sixalyhporP ralucO132,22,51,31,21,01,8,7,42221874smeti yek fo egarevAssenevisneherpmoCetaDnoitacilbuPcipoTsgnitaR II EERGAenilediuG Âeciohc lanif eht hcaer ot desu airetirc eht fo tcepser rieht dna seniledіug detceleS .413¢Ã503:)3(41;1102 .edadilauq atla ed seziterid ritnarag arap o£Ãrdap aiug uo olocotorp mu a marida otnemivlovnesed ed sopurg so euq etnemaviv somadnemoceR .)CPG(sitivitcnujnoC yrallipaP tnaiG ,)CPALC(sitivitcnujnoC yrallipaP detaicossa-LC46.9102 .sadacifitnedi marof m©Ãbmat saicnªÃtsisnocni sair¡Âv ,sGPC sassed ortned sadicenrof seµÃ§Ãadnemocer san saicnªÃtsisnoc ed eir©Ãs amu essevuoh arobmE .)sPMO(satsigolomlatfo e satsirtemotpo araP .la te ,AJ renidraG ,EB nosniboR ,TW orepleD]ralohcS elgooG[Ã,]®ÂÃ ecneicS fo beW[,]ferssorC[Ã.7953-5102.sdep/2451.01:iod .socig³Ãlomlatfo e soir¡Âmirp sodadiuc sod saciti¡Ârp san seraluco samelborp sod o£Ã§Âarapmoc amU .ygolomlahthpO fo ymedacA naciremA ,J niJ]ralohcS elgooG[Ã,]®ÂÃ ecneicS fo beW[,]deMbuP[,]ferssorC[Ã.68921.lla/1111.01:iod Â Â Â Â Â Â Â Â Â Â¢Ã.%9,0 a oid³Âs ed oterolc uo adivref aug¡Â moc aid oa sezev 4 sohlo so rapmiL ÂÂanairetcab etivitnujnoCotnematarT.etneicap oa oirÃloc ed ocsarf mu ªÃd acnuN .coS .sodad ed o£Ã§Âartxe arap marecenamrep setnof ocnic ed sGPC ezniuQ.sodazinordap soir¡Ãlumrof odnasu etnednepedni amrof ed sodad so maradilav e marÃartxe serotua sioD .sodicsan-m©Ãcer me raluco acic³Âconog o£Ã§Ãcefni ad o£Ã§ÃneverP .lomlahthpO J naidnI 1 etraP .J niJ]ralohcS elgooG[,]®ÂÃ ecneicS fo beW[,]deMbuP[,]ferssorC[.aba8c53823e310b0.UCI/7901.01:iod .sªÃlag onrevoG]ralohcS elgooG[,]®ÂÃ ecneicS fo beW[,]deMbuP[,]ferssorC[Ã.81_425_OJI.oji/3014.01:iod .o£Ãssucsid alep oda§Ânacla odroca mu e ,odivlovne iof)BAA(rotua oriecret mu ,odrocased ed osac mE 81.o£Ã§Ãadnemocer a ramrofni arap sadazilitu saicnªÃdive sad edadilauq a e o£Ã§Ãadnemocer ad a§Ãrof a ,)sortuo e ovla-opurg ,megasod ,o£Ã§Ãadnemocer ed opit(o£Ã§Ãadnemocer a erbos seµÃ§Ãamrofni aÃulcni euq odazinordap oir¡Ãlumrof mu somazilitU .edºÃaS ad laidnuM o£Ã§ÃazinagrO.rotua muhnen arap etnatilfnoc o£Ã§Ãaler amuhnen etsixe o£ÃNmiS9102asoiccefni e asoiccefni o£Ãn etivitnujnoC0.150.75.60.45.65.567etivitnujnoC ed laicnereferP aciti¡ÂrP ed o£ÃrdaP51miS0202asoiccefni o£Ãn etivitnujnoC5.940.75.65.30.50 657)arevamirp ad orrataC(lanreV etivitnujnocotareuQ41miS0202asoiccefni etivitnujnoC5.940.75.65.30.50.647mutanoeN aimlatfO31miS0202asoiccefni o£Ãn etivitnujnoC5.940.75.65.30.50.686)asotnemacideM etivitnujnocotamreD m©Ãbmat(asotnemacideM etivitnujnoC21miS0202asoiccefni etivitnujnoC5.940.75.65.30.50.637)atludA o£ÃsulcnI ed etivitnujnoC(ladimalC etivitnujnoC11miS0202asoiccefni o£Ãn etivitnujnoC5.940.75.65.30.50.676enereP acigr©ÃlA etivitnujnoC ;)aieF erbeF aD etivitnujnoC(acigr©ÃlA etivitnujnoC If there is (risk of) secondary bacterial infection (see above).Urgic conjunctivitis ÀLocal treatment as for viral conjunctivitis Â EDITORIAL INDEPENDENCENCIAtem 22. 2012;26(6):897Ã ÂÂ Â898. Hot compression was explicitly recommended for conjunctivitis Rosicea (Supplementary Table 1). Overview of eye µ conditions. Optom Vis Sci Let us not be sure of the quality of the test and the strength of the recommendation for some of the other µ. 2018.76Ocular Prophylaxis for Ophthalmia Neonatorum Gonoc³cica. doi:10.1001/jama.2018.21434.Ã [Crossref], [PubMed], [Google Scholar]Lian K-Y, Napper G, Stapleton FJ, et al. doi:10.1097/OPX.0000000000429.Ã [Crossref], [Pub Med], [Web of Science, ³ ³Ã®], [Google Scholar]Guidance for Offline Services Managing an Endophthalmitis outbreak 2019;321: 404Ã ÂÂ Â406. Eye allergy is the most common form of non-infectious conjunctivitis and can significantly affect productivity and quality of life.4,5 Some less common severe forms of eye allergy may also be virological threats.6,7 The prevalence of eye allergy (seasonal and perennial conjunctivitis alÃ© rgica) has increased worldwide.4Viral and bacterial conjunctivitis are the two most common forms of conjunctivitis 80% of all cases of acute conjunctivitis8O Â Â 2017;318(9):878. doi:10.1111/j.1600-0420.2007.01006.x. [Crossref], [PubMed], [Web of Science ÂÂ®], [Google Scholar]Shields T, .A azeiC ,S inirgeN ,A hcuaR]ralohcS elgooG[Ã.)0202 ed orbmevon ed 51 me odasseca(gro.tsurteerga.www .J - AMAJ .)1 ratnemelpus laireta M(setnaveler seµÃ§Ãatneiro arap airtemotpo e aigolomlatfo ed seµÃ§Ãaicossa sad setisbew son airtemotpo ed seµÃ§Ãaicossa e lanoissiforp aigolomlatfo erbos arutaretil an aciti¡Âmetsis e acinºÃ asiuqsep amu uizudnoc e uohnesed)GI(VEC od o£Ã§Ãamrofni me atsilaicepse mU .asoiccefni e asoiccefni o£Ãn etivitnujnoc arap seµÃ§Ãadnemocer sa rimuser e PCG sod acitÃrc o£Ã§Ãailava amu e aciti¡Âmetsis o£Ãsiver amu rizudnoc asiv odutse etsE .L yroleiB ,N oirasoR]ralohcS elgooG[Ã,]®ÂÃ ecneicS fo beW[,]ferssorC[Ã.335000-0202-hthpojmb/6311.01:iod .aci©Ãrronog e laidÃmalc etivitnujnoc arap sodadnemocer marof socip³Ãt e socim ªÃtsis socit³Ãibitna otnauqne ,acit©Ãpreh lariv etivitnujnoc arap odadnemocer etnemetnetsisnoc iof ocip³Ât e ocim ªÃtsis lariv-itnA .eettimmoC scirtaideaP ytinummoC ,yteicoS cirtaideaP naidanaC ,A M]ralohcS elgooG[Ã.)0202 voN 31 dessecca(sdradnatS+ytilauQ=eltiTnoitces&444=noitces?psa.egap/ku.ca.hthpocr.www//:ptth .2 elbaT54 naht ssel si)32 dna 22 ,51 ,31 ,21 ,01 ,8 ,7 ,4(smeti II EERGA enin lla rof srehcraeser owt eht fo erocs egareva eht fo mus ehT)23 naht ssel si 22 ro ,21 ,8 ,7 ,4 smeti)II EERGA(II noitaulavE dna hcraeseR rof seniledіuG fo lasiarppA rof srehcraeser owt eht fo erocs egareva ehT)1srohtua fo noitailiffa fo ecnesbA)2tseretni fo stcilfnoc deganamnu ro gnidnuf laicremmoc saw erehT)1snoitidnoc eye detceles eht rof depoleved ton saw enilediug ehT)4hsilgnE ni ton saw enilediug ehT)3sraey net tsal eht ni dehsilbup ton saw enilediug ehT)2enilediug ecitcarp lacinilc a ton saw erutaretil deifitnedi ehT)1lasiarppA ytilauQgnineercS txet-lluFgnineercS tcartsbA dna eltiTsenilediug ecitcarp lacinilc fo gnineercs rof airetirc noisulcxE .syawhtaP ECIN]ralohcS elgooG[Ã,]®ÂÃ ecneicS fo beW[,]deMbuP[,]ferssorC[Ã.68311.7102.amaj/1001.01:iod .302¢Ã691:)2(76;9102 .aigolomlatfO .AICÂLOP [Taylor & Francis Online],Ã [Google [Google Smedt S, Willner G, Kestelyn P. Ophthalmic Services Ophthalmic Imaging Guidance. Doi: 10.1016 / j.ophtha.2017.09.032.Ã¢ [Crossref], [Web of Science â€], [Google Scholar] Scott Ca, Catania LJ, Larkin Km, et al. 2019; 54 (6): 751 Ã¢â'¬â€œ 759. DOI: 10.1016 / j.ophtha.2015.10.047.Ã¢ [Crossref], [PubMed], [Web of Science â€], [Google Scholar] Wallace DK, Morse Cl, Melia M, et al. Allergen-specific immunotherapy was consistently recommended in Deca, Nice and AAO Guidelines for SAC and CAP if symptoms were persistent, recurrent or severe. St. Louis :: American Optometric Association 2010. 2019.75Conjunctivitis Preferred practice pattern. We observed that different CPGs categorized the various types of conjunctivitis differently. 2019; 126: 94 Ã¢à'¬Å"169. Local anesthesia for ophthalmic surgery - new guidelines from the Royal College of Anesthetists and the Royal College of Ophthalmologists. Natl J Commun Med. 2019.https: //www.rcophth.ac.uk/wp-content/uploads/2019/02/primary-eye-care-community-Ophalmology-and-general-ophtalmologia-2019.pdf+&cd=1&hl=en&ct=. Clnk & GL = UK (accessed November 13, 20). [Google Scholar] Welsh Government. 2011; 11 (5): 471 Ã¢â'¬â€œ 476. Lid hygiene has been recommended for rosacea conjunctivitis, atopic keratoconjunctivitis (AKC), sac and pac. Therefore, we included more than 5 CPGs per condition in data extraction after considering relevant information. Systematic methods were used to search for evidence.Item 8. The recommendations are specific and unambiguous. 6. Preferred practice patterns for presumptive viral conjunctivitis in central India. The methods used to evaluate the level of evidence and strength of the recommendation varied among the CPGs. There are a number of high-quality CPGs for non-infectious and infectious conjunctivitis. 2019.72Conjunctivitis, chlamydia (adult onset conjunctivitis). Paedianttr Biant Health. Vision Screening Policy Statement .sotnemurtsni .sotnemurtsni me adaesab [PubMed], [Web of Science ÂÂ®], [Google Scholar]Fitch CP, Rapoza PA, Owens S, et al. (retrieved 12 November 2020). 2015;92(1):6Ã ÂÂ Â16. 2020. &cd=3&hl=en&ct=clnk&gl=uk (retrieved 13 November 2020).Ã [Google Scholar]Cotter SA, Cyert LA, Miller JM, et al. For example, in CPGs related to conjunctivitis alÃ ©rgica, DECA69 grouped the conditions µes based on severity and frequency, while COO,64,65,67,68,75 NICE,70 and AAO76 categorized the conditions according to the allergy subtypes µ. Assessment of visual function, eye examination and intervention in children with developmental delay: a systematic approach. Fam Med. doi:10.1016/j.ophtha.2018.10.020. [Crossref], [Web of Science ÂÂ®], [Google Scholar]Guirguis-Blake JM, Evans CV, Rushkin M Eye prophylaxis for gonoc³cyca neonatorum ophthalmia: ³ of updated evidence and systematic review of the US Preventive Services Working Group. For example, the AAO76 guideline classified the level of evidence as a good and strongly recommended single ³ antihistam (second generation) or a combination of antihistam alone with vasoconstrictor for the treatment of mild allergic conjunctivitis. (retrieved 12 November 2020). MEDLINE, Embase, CINAHL, Global Health, Global Index Medicus and guideline databases on March 9, 2020 were also researched (Supplementary Material 2). CL-associated papillary conjunctivitis (CLAPC), giant papillary conjunctivitis (GPC). Alt. Med. U.S. Preventive Services. 2015.69Conjunctivitis ÂÃ AlÃ© rgica. 2016;315(9):908Ã Â914. It guides µ reference for eye and visual problems in infants and children. J AAPOS. Depending on the cause: abundant and purulent secretions, patches pasted by waking, unilateral infection in the beginning: bacterial conjunctivitis; aqueous (serosas) secretions, without pruritus: viral conjunctivitis; Excessive lacrimation, pale edema, intense pruritus: alternate conjunctivitis.Ne in endemic areas, turn the two upper poppers to check trachoma signals (see trachoma). Report intense pain (more than normally associated with conjunctivitis) and photophobia. Aines for SAC and CAP (supplemental table 1) were recommended. J Med Econ. Ophthalmolic services for children. Doi: 10.1016 / J.JaPOS.2012.09.012.A, [Crossref], [Pubmed], [Web of Science ãoâ®], Ã, [Google Scholar] Swaminathan M, Jayaraman D, Jacob N. Cold compresses, Artificial lacerations and lubricating ointments were suggested for symptomatic relief of infectious conjunctivitis. He highlighted the growing need and the role of eye care in carrying out sustainable development objectives. Doi: 10.1016 / J.Wem.2012.08.015.A, [Crossref], [PubMed], [Web of Science ãoâ®], [Google Scholar] The Royal College of Othhalmologists. 2019.68Document of consensus on alemgic conjunctivitis (deca). Vision examination for children from 1 to 5 years old: Declaration of the task of US Preventive Services Task recommend. Trans R Soc Trop Med Hyg. Doi: 10.1136 / BMJ.39489.470347.ad.a, [CrossRef], [PubMed], [Web of Science ãoâ®], ã, [Google Scholar] The Royal College of Othhalmologists. 2019.73ophthalmia neonatorum. Conjunctival allergy test test: Guidelines for Daily Protica. 2018.https: //cks.nice.org.uk/topics/conjunctivitis-infective/ (accessed on 13 Nov 2020) .ã, [Google Scholar] All CPGs included were developed based on a systematic search in the literature of relevant evidence. The extractive interventions of the CPGs were grouped into pharmacological measures and not then categorized into types of intervention. accessed 13 Nov 2020).Ã [PubMed], [Web of Science ÂÃ®],Ã [Google Scholar]National Institute for Health and Care Excellence. (accessed 12 Nov 2020).Ã [Google Scholar]The College of Optometrists. RIGOUR OF DEVELOPMENTItem 7. (accessed Nov 13, 2020).Ã [Google Scholar]Moore DL, MacDonald NE; Canadian Paediatric Society, Infectious Diseases and Immunization Committee. Towards strengthening rehabilitation in health systems: Methods used to develop a WHO package of rehabilitation interventions. Curr Opinion Allergy Clin Immunol. 1987;1(4):512Ã¢521. You can. Preferred Practice Standard ConjunctivitisÃ®. 2020. (accessed 13 Nov 2020).Ã [Google Scholar]The College of Optometrists. After evaluation with the AGREE II tool, we excluded guidelines if (i) the average score of the two researchers for items 4, 7, 8, 12 or 22 was less than 3; (ii) the sum of the average scores of the two investigators for all nine items (4, 7, 8, 10, 12, 13, 15, 22 and 23) was less than 45.17 The specified protocol included a maximum of 5 CPGs for each eye condition, prioritizing final selection according to quality, year of publication and scope. 2017;72(1):43Ã¢54. doi:10.1097/ACI.0b013e32834a9676.Ã [Crossref], [PubMed], [Web of Science ÂÃ®],Ã [Google Scholar]Virchow JC, Kay S, Demoly P, et al. We found that these interventions were instead categorized as possible management by ophthalmologists without any reported level of evidence and strength of recommendation. Ecitcarp Derreferp Snoitaulavi Eye Cirteidep.) CKA (Sitivitcnujnocotaro YWM's