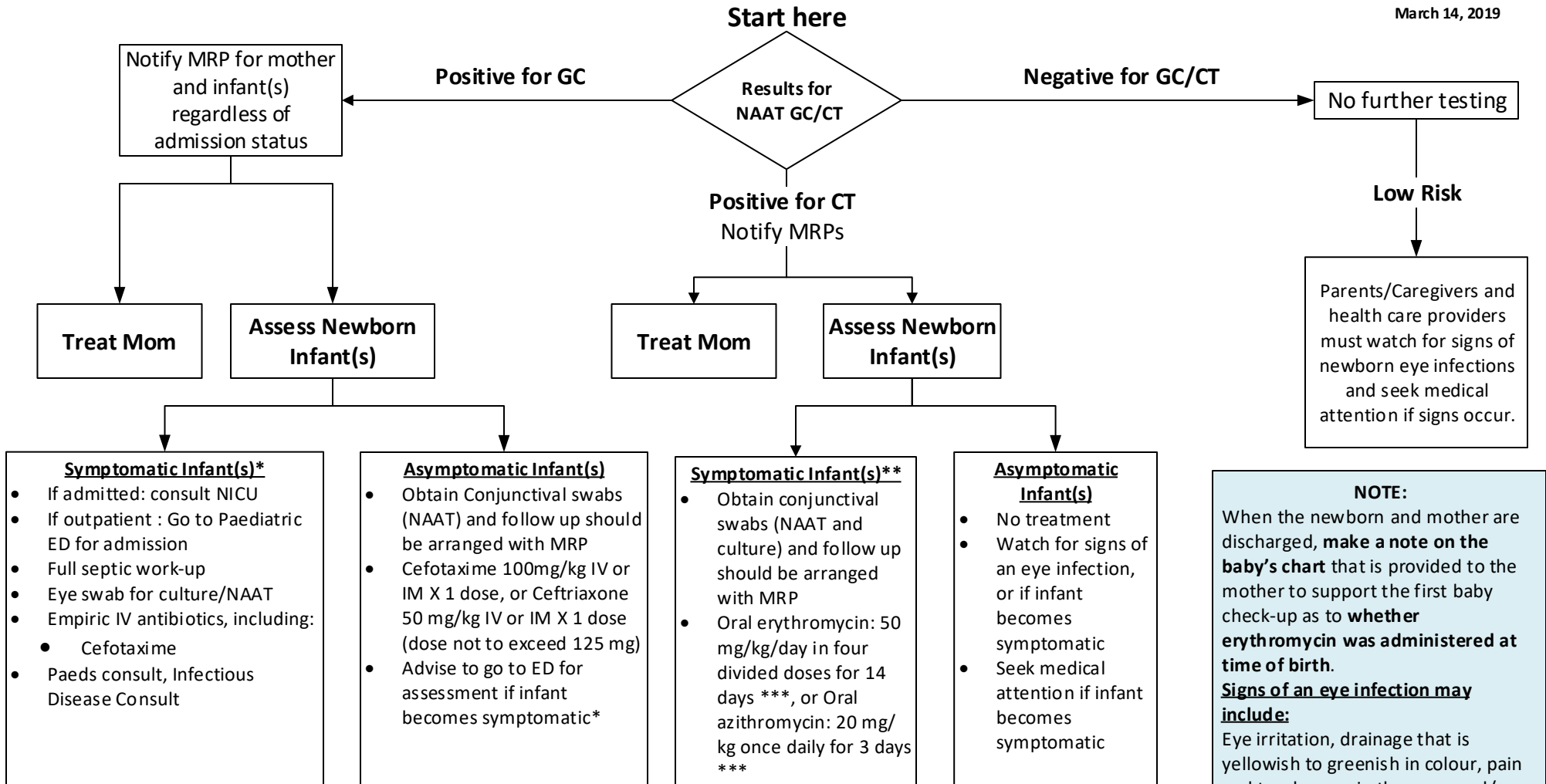


Flow Chart for Management of Infants & Mothers During Erythromycin Eye Ointment Shortage Response to Lab Results Algorithm

Version March 14, 2019



A single dose of ceftriaxone (50 mg/kg to a maximum of 125 mg) intravenously or intramuscularly. The preferred diluent for intramuscular ceftriaxone is 1% lidocaine without epinephrine (0.45% ml/125 mg). This intervention is both safe and effective. Biliary stasis from ceftriaxone is not considered to be a risk with a single dose. (Ceftriaxone is contraindicated in newborns receiving intravenous calcium. A single dose of cefotaxime [100 mg/kg given intravenously or intramuscularly] is an acceptable alternative.)

*If infant has symptoms of conjunctivitis or appears systemically unwell they should be admitted and have a full septic work-up.

**If infant appears systemically unwell they should be admitted and have a full septic work-up.

*** Monitor for signs/symptoms of infantile hypertrophic pyloric stenosis (IHPS).

(Reference: CPS, 2015, Preventing Ophthalmia Neonatorum; Red Book, 2018, Report of the Committee on Infectious Diseases)

Legend

GC = Gonococcus (Neisseria Gonorrhoea)
CT = Chlamydia Trachomatis
NAAT = Nucleic Acid Amplification Test
MRP = Most Responsible Practitioner
ED = Emergency Department