

CULTURE OF EYE DISCHARGE

Indications

Swabbing of eye discharge for bacterial culture should be done, with a medical order, if at least 2 of the following signs are observed in the patient:

- Eyelid swelling
- Conjunctival injection
- Eye discharge lasting > 24 hours

If ophthalmia neonatorum is suspected (persistent purulent eye discharge +/- signs of inflammation in the first 4 weeks of life), swabs should be sent for bacterial culture, chlamydia/gonorrhea PCR +/- viral culture (for HSV)

NOTE: If an eye exam has been performed on this patient, symptoms must be present for > 24 hours, despite regular eye care/hygiene, before culture of eye discharge is done.

Key points

Mucoid eye discharge is frequently seen in both preterm and term neonates secondary to dacryostenosis (nasolacrimal duct obstruction). This discharge is not infectious. Non-infectious eye discharge may also be caused by the introduction of foreign objects in/around the eye, as is the case during eye exams.

Many patients' conjunctivae are colonized with bacteria (including common hospital pathogens in those hospitalized for prolonged periods). Growth of bacteria on a conjunctival culture could simply indicate colonization and not necessarily infection.

If patient meets the criteria for bacterial culture, place on contact precautions while awaiting results.

Materials

Bacterial culture swab with clear gel transport medium

Procedure

- Print label for "Eye Bacterial Culture" from Oacis
- Perform hand hygiene according to MUHC Hand Hygiene Policy and don clean gloves
- Peel back the packaging of the culture swabs without removing swab or transport tube
- Remove plug from transport tube
- Remove swab from packaging and collect specimen of eye discharge
- Insert swab in transport tube and close the cap
- Apply the label to the tube and send to Microbiology