NATIONAL EYE DATABASE | Office Use / | Centre

SUSPECTED POST-OPERATIVE INFECTIOUS ENDOPHTHALMITIS ADVERSE INCIDENT NOTIFICATION

* Where check boxes ☐ are provided, check (√) one or more boxes. When radio ○ buttons are provided, check (√)one box only

The form is to notify any case suspected to have post-operative infectious endophthalmitis.
This may include severe post operative inflammation and toxic anterior segment syndrome
This form is to be filled within 48 hours of diagnosis
The purpose of this notification is to audit patients with post operative infectious endophthalmitis so as to improve quality of care
The findings will be studied by HOD and be discusses at the Ophthalmology Management Committee meeting

Hospital / Clinic | Date of Reporting (dd-mm-yyyy)

Patient Name

Identification Card No. | *Mykad/Mykid No* | *Old IC*

Other ID document no, | specify type | |

SUSPECTED POST-OPERATIVE INFECTIOUS ENDOPHTALMITIS NOTIFICATION FORM

SECTION A:

1. Date of Surgery (dd-mm-yy):
2. Date of Diagnosis of Endophthalmitis (dd-mm-yy):
3. Affected Eye:
4. Type of Surgery:

5. Vision of the Operated Eye at Presentation

Vision	Right	Left
Unaided		
With glasses/ pin hole		
Refracted		

6. Risk Factor

- ☐ Systemic co-morbidity
- ☐ Preexisting Ocular co-morbidity
- ☐ Intra-operative complication: PCR with and without vitreous loss
- ☐ Intra-operative complication: Vitreous loss
- ☐ Balanced Salt Solution (BSS)
  - BSS Brand
  - BSS Lot No.
  - BSS Serial no.
- ☐ Intraocular lens (IOL)
  - IOL Brand
  - IOL Lot no.
  - IOL Serial no.
- ☐ Viscoelastic Device (OVD)
  - OVD Brand
  - OVD Lot no.
  - OVD Serial no.

SECTION B : PROPHYLACTIC ANTIBIOTIC

1. Any pre-operative, intra-operative or immediate post-operative prophylaxis given?
   ○ No ○ Yes , which antibiotics: _____
2. Mode of administration of antibiotics:
   ☐ Subconjuntival ☐ Intracameral ☐ Intravitreal ☐ Intravenous ☐ Oral ☐ Others, specify: _____

SECTION C : ACTION TAKEN

1. Antibiotics
   - ☐ Intravitreal Date:
   - ☐ Oral Date:
   - ☐ Topical Date:
   - ☐ Others, specify: _____
2. Steroid
   - ☐ Oral Date:
   - ☐ Topical Date:
   - ☐ Others, specify: _____

SECTION D : REPORTING CENTRE AND PERSON

1. Reporting Centre
2. Reporting Person's Name:
3. Position
4. Email:
5. Contact No.