NATIONAL EYE DATABASE ____ / ____ 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

This form is to be filled after one month of diagnosis

Patient Name: ____

Identification Card No. : *Mykad/Mykid No* ____ *Old IC* ____

Other ID document no, | specify type ____ | ____

Operated Eye : ○ Right ○ Left ○ Both Date of Surgery (dd-mm-yyyy) ____

SUSPECTED POST-OPERATIVE INFECTIOUS ENDOPHTHALMITIS OUTCOME FORM

SECTION A : DIAGNOSIS

1. Preliminary Diagnosis: ____

2. Final Diagnosis: ____

3. Investigation:

○ Taken
○ Not Taken

Type of specimen	Culture Result		
☐ Aqueous	○ Positive	○ Negative	○ Not taken
☐ Vitreous	○ Positive	○ Negative	○ Not taken
☐ Others: _____	○ Positive	○ Negative	○ Not taken

4. If culture positive, state resistance pattern ____

SECTION B: TREATMENT AND OUTCOME

1. Was vitrectomy done? ○ Yes ○ No

2. Was the IOL explanted? ○ Yes ○ No

3. Outcome ○ Infection resolved ○ Pthisical or eviscerated

4.Final Vision:

	Right	Left
a. Unaided Vision		
b. With Glases / Pin hole		

c. Refracted Vision
(Record of refracted power in diopter is mandatory if refraction is performed)

Sp		
Cy		
Axis		

SECTION C: CORRECTIVE MEASURES TAKEN

1. Contributing factor identified ____

2. Corrective measures taken ____

SECTION D : REPORTING CENTRE AND PERSON

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