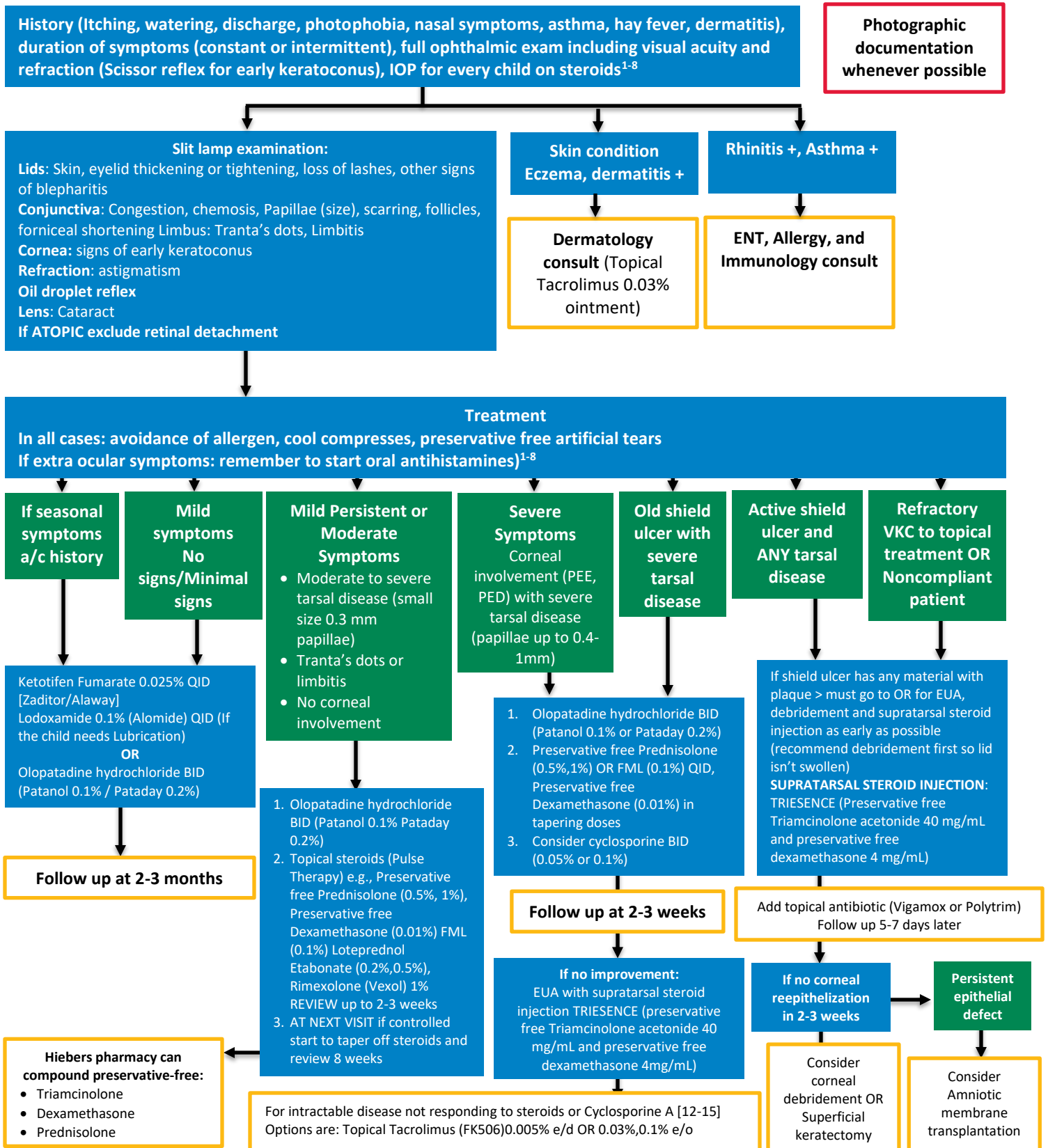


CLINICAL EFFECTIVENESS GUIDELINE



Steroid Responders [9-11]

- Can substitute with topical Cyclosporine A as a steroid sparing agent (0.05%-2%) QID
- Add topical antiglaucoma Rx to the Steroid/Cyclosporine regimen
- Even if there is concern regarding steroid response DO NOT USE Topical NSAID's in the presence of PEE's or shield ulcer as there have been reports of autolysis of the cornea in such circumstances
- EVERY CHILD ON STEROIDS MUST HAVE IOP CHECKED OR ASSESSED EVERY VISIT
- ONCE RAISED IOP IS NOTICED: VISUAL FIELD (IF CHILD IS OLD ENOUGH)
- RAISED IOP (>21MMHg) needs anti-glaucoma medication especially in the presence of continued steroid need.
 - a. Add Timolol 0.5% BID
 - b. Then change to Cosopt BID
 - c. Consider Diamox 4-7 mg/kg four times a day if topical not enough
- Uncontrolled glaucoma on topical medications: Consider TRABECULECTOMY-With MMC(0.4mg/mL)¹⁰

List of Eyedrops for Allergic Conjunctivitis

DRUG	TRADE NAME
1. Ketotifen Fumarate 0.025% (Preservative free)	Zaditor/Alaway
2. Lodoxamide 0.1% QID	Alomide
3. Olopatadine hydrochloride	Patanol 0.1% / Pataday 0.2%*
4. Prednisolone 1% (Preservative free)	Predforte
5. Fluoromethalone FML (0.1%)	FML
6. Loteprednol Etabonate (0.2%, 0.5%)	Alerex/Lotemax
7. Rimexolone 1%	Vexol
8. Dexamethasone 0.1% (Preservative free)	Maxidex
9. Cyclosporine A 0.05%	Restasis
10. Cyclosporine A ophthalmic emulsion 0.1%	Verkazia

* Patanol, pataday, pazeo available over the counter (this may be cheaper than prescription so tell parents to ask pharmacist)

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*A Clinical Effectiveness Guideline (CEG) is an evidence-based, **suggested** collaborative care plan that is intended to promote coordination and communication with respect to patient care and may be modified to meet individual care needs.*