

**Royal Hospital for Women (RHW)**  
**BUSINESS RULE**  
**COVER SHEET**



**Health**  
South Eastern Sydney  
Local Health District

T24/17530

<b>NAME OF DOCUMENT</b>	Eye – Nasolacrimal Duct Obstruction - Eye Care
<b>TYPE OF DOCUMENT</b>	Clinical Business Rule
<b>DOCUMENT NUMBER</b>	RHW CLIN024
<b>DATE OF PUBLICATION</b>	March 2024
<b>NATIONAL STANDARDS</b>	<ul style="list-style-type: none"><li>• Standard 1 Clinical Governance</li><li>• Standard 3 Preventing and Controlling Infections</li><li>• Standard 4 Medication Safety</li><li>• Standard 5 Comprehensive Care</li></ul>
<b>RISK RATING</b>	Low
<b>REVIEW DATE</b>	March 2029
<b>FORMER REFERENCE(S)</b>	Eye - Sticky eye care for neonates
<b>EXECUTIVE SPONSOR</b>	S Bolisetty (Medical Co-Director Newborn Care Centre); S Wise (Nursing Co-Director Newborn Care Centre)
<b>AUTHOR</b>	K van Wessem (CNS)
<b>SUMMARY</b>	To effectively manage neonates with nasolacrimal duct obstruction (sticky eye/s).

# Royal Hospital for Women (RHW)

## NEONATAL BUSINESS RULE

### Eye – Nasolacrimal Duct Obstruction – Eye Care

**RHW CLIN024**

This Clinical Business Rule is developed to guide safe clinical practice in Newborn Care Centre (NCC) and Maternity Services at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside the Royal Hospital for Women or its reproduction in whole or part, is subject to acknowledgement that it is the property of NCC and is valid and applicable for use at the time of publication. NCC is not responsible for consequences that may develop from the use of this document outside NCC.

#### 1. BACKGROUND

Approximately 5% of infants experience symptoms of nasolacrimal duct obstruction. The primary symptoms are excessive tearing (epiphora) resulting from a backflow of tears due to a blockage of the duct, and crusting and discharge of the eye.

#### 2. RESPONSIBILITIES

Midwifery, Nursing and Medical Staff

#### 3. PROCEDURE

##### 3.1 Equipment

- Cotton wool (non-sterile)
- Normal saline
- Gloves
- Swab

##### 3.2 Clinical Practice

- Discuss eye care with parents and gain consent.
- Perform hand hygiene and put gloves on.
- Apply pressure on the nasolacrimal sac/medial canthus (inner part of eye near nose) for a few seconds to decompress it. The discharge will come up through canaliculi which can be wiped with a cotton ball and saline.
- Wipe from the inside of the eye out (one wipe per cotton ball).
- Discard cotton ball after each wipe.
- Perform decompression for 2-3 seconds at each feed until resolution.
- Review by paediatric medical officer if eye is red or has very purulent discharge.
  - If eye swab is required do not clean eye prior to taking swab
  - Ensure eye swab is collected prior to commencing treatment
  - Perform hand hygiene and put on gloves to collect swab
  - As with cleaning, swab from the inside of the eye out once only
  - Prescribe chloramphenicol ointment / eye drops (refer to Australasian Neonatal Medicines Formulary (ANMF))
  - Continue for 48 hours after clinical resolution
- Remove gloves and perform hand hygiene.
- Follow up required with Ophthalmologist if glaucoma suspected (discharge more 'watery' than 'sticky', photophobia, large eyes).

##### 3.3 Educational Notes

- Routine eye care is not required for most infants.

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## Eye – Nasolacrimal Duct Obstruction – Eye Care

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- Congenital nasolacrimal duct obstruction is very common (20-30% of newborns) and 1-6% of infants will be symptomatic. [Karti 2016]
- In the vast majority of cases, symptoms resolve with time (70% by 3 months; 95% by 12 months). [Karti 2016]
- Nasolacrimal duct obstruction typically occurs unilaterally (80%). [Karti 2016]
- Complications such as conjunctivitis and dacrocystitis are rare.

### 3.4 Abbreviations

NCC	Newborn Care Centre	ANMF	Australasian Neonatal Medicines Formulary
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### 3.5 References

- [https://www.rch.org.au/kidsconnect/prereferral\\_guidelines/Nasolacrimal\\_duct\\_obstruction\\_sticky\\_andor\\_watery\\_eye/](https://www.rch.org.au/kidsconnect/prereferral_guidelines/Nasolacrimal_duct_obstruction_sticky_andor_watery_eye/) (Accessed 24 August 2023)
- <https://www.aao.org/education/disease-review/nasolacrimal-duct-obstruction-4> (Accessed 24 August 2023)
- Karti O, Karahan E, Acan D, et al. The natural process of congenital nasolacrimal duct obstruction and effect of lacrimal sac massage. Int Ophthalmol 2016;36:845-9.

## 4. RELATED BUSINESS RULES AND POLICY DOCUMENTS

- RHW NCC Nursing CBR – Eye – Administration of eye drops to the neonate

## 5. CULTURAL SUPPORT

- When clinical risks are identified for an Aboriginal family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.
- For a Culturally and Linguistically Diverse CALD family, notify the nominated cross-cultural health worker during Monday to Friday business hours.
- If the family is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017\_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

## 6. IMPLEMENTATION PLAN

This Clinical Business Rule will be distributed to all medical, nursing and midwifery staff via @health email. The Clinical Business Rule will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the Clinical Business Rule. The Clinical Business Rule will be uploaded to the Clinical Business Rule tab on the intranet and staff are informed how to access.

## 7. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
16.2.2010	1	Approved Quality Council

# Royal Hospital for Women (RHW) NEONATAL BUSINESS RULE

## Eye – Nasolacrimal Duct Obstruction – Eye Care

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18.8.2011	2	Reviewed and endorsed Obstetrics Guidelines Group; Approved Quality & Patient Safety Committee
14.8.2018	3	Reviewed and endorsed Maternity Services LOPs
24.8.2023	4	K Van Wessem (CNS); Reviewed and Approved NCC and Maternity CBR Committees
21.9.2024		Endorsed at RHW Safety and Quality Committee