

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



**Health**  
South Eastern Sydney  
Local Health District

T23/86658

<b>NAME OF DOCUMENT</b>	Eye - Preparing the newborn infant for eye examination
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<b>EXECUTIVE SPONSOR</b>	S Bolisetty (Medical Co-Director Newborn Care Centre); S Wise (Nursing Co-Director Newborn Care Centre)
<b>AUTHOR</b>	A Fucek (CNS)
<b>SUMMARY</b>	To assist healthcare professionals to prepare a neonate for eye examination

# Royal Hospital for Women (RHW)

## BUSINESS RULE

### Eye – Preparing the newborn infant for eye examination

RHW CLIN014

This Clinical Business Rule is developed to guide safe clinical practice in Newborn Care Centre (NCC) 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

Retinopathy of prematurity (ROP) is a condition due to abnormal growth of blood vessels in the eye. Neonatal eye examination is performed to monitor ROP by an ophthalmologist. Timely screening of ROP ensures early detection to reduce the risk of potential vision loss. The timing of examination is determined by the gestational age and potential risk factors identified.

#### 2. RESPONSIBILITIES

Medical, Ophthalmology and Nursing Staff

#### 3. PROCEDURE

##### 3.1 Equipment

- Consent for Cyclomydril eye drops
- Prescription for eye drops
  - Cyclomydril if consented **OR**
  - Cyclopentolate 0.5% and Phenylephrine 2.5% if no consent for Cyclomydril
- Expressed breast milk or oral sucrose
- Eye mask
- Sterile eye speculum (Picture 1) ophthalmology CNC
- Sterile eye depressor (Picture 1) ophthalmology CNC



Picture 1

##### 3.2 Clinical Practice

Prior procedure

- Identify the correct infant for the eye examination.
- Ensure the correct eye drop/s for examination are prescribed.

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- Ophthalmology team to obtain sterile eye speculum and depressor kept in locked cupboard in medication room. (Picture 1)
- Administer eye drops at the time requested by ophthalmologist (minimum 30 minutes prior examination)
- Ensure cardiorespiratory and oxygen saturation monitoring is in place throughout the procedure to detect cyanosis, apnoea and/or bradycardia.
- RN remain to the bedside responsible of airway, pain management and comfort of the neonate.
- Ensure respiratory support remains in situ during procedure.
- Administer expressed breast milk (preferred) or oral sucrose for pain management.

#### During procedure

- Hold infant securely.
- Readminister expressed breast milk or sucrose if required.

#### Post procedure

- Monitor infant for potential adverse reaction.
- Shade eyes from light with eye mask as the pupils are remaining dilated after procedure.
- Record the procedure in nursing notes and under Clinical Events - Procedures – Eye in eRIC.
- Ophthalmology team to send used speculum and depressor to CSD for sterilising after the procedure.
- Ophthalmologist records the results of the examination and further appointments on eRIC under Visiting Teams on the Neonatal Eye Examination Record.

### 3.4 Abbreviations

ROP	Retinopathy Of Prematurity	eRIC	Electronic Record for Intensive Care
CSD	Central Sterilising Department		

### 3.5 References

1. Fierson WM; American Academy of Pediatrics Section on Ophthalmology; American Academy of Ophthalmology; American Association for Pediatric Ophthalmology and Strabismus; American Association of Certified Orthoptists. Screening examination of premature infants for retinopathy of prematurity. Pediatrics 2013;131:189-95.
2. What is ROP – [https://www.rch.org.au/ophthal/patient\\_information/What\\_is\\_ROP/](https://www.rch.org.au/ophthal/patient_information/What_is_ROP/) (accessed 10/10/2023)
3. Treatment of ROP – [https://www.rch.org.au/ophthal/patient\\_information/Treatment\\_of\\_ROP/](https://www.rch.org.au/ophthal/patient_information/Treatment_of_ROP/) (accessed 10/10/2023)

## 4. RELATED BUSINESS RULES AND POLICY DOCUMENTS

- 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.

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- 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 revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR 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 revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.

### 7. RISK RATING

- Low

### 8. NATIONAL STANDARDS

- Standard 1 Clinical Governance
- Standard 3 Preventing and Controlling Infections
- Standard 4 Medication Safety
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety
- Standard 8 Recognising and Responding to Acute Deterioration

### 9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 1999	1	S Wise (NUM)
30/5/2010	2	J Blaeck (CNS); NCC Policy/Procedure Working Group
26/5/2015	3	D Cooper (CNS); NCC Policy/Procedure Working Group
3/7/2018	4	J Blaeck (NUM); NCC Policy/Procedure Working Group
10/10/2023	5	A Fucek (CNS); RHW NCC CBR Committee
21/12/2023	5	Endorsed RHW Safety and Quality Committee