

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



**Health**  
South Eastern Sydney  
Local Health District

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<b>EXECUTIVE SPONSOR</b>	S Bolisetty (Medical Co-Director Newborn Care Centre); S Wise (Nursing Co-Director Newborn Care Centre)
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<b>SUMMARY</b>	To assist with appropriate administration of eye drops to a neonate

# Royal Hospital for Women (RHW) NEONATAL BUSINESS RULE

## Eye – Administration of Eye Drops to a Neonate

**RHW CLIN050**

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

A neonate may require administration of eye drops for treatment of eye infections, for postoperative treatment after eye surgery or eye examination by an ophthalmologist.

### 2. RESPONSIBILITIES

Medical and Nursing Staff

### 3. PROCEDURE

#### 3.1 Equipment

- Prescribed eye drops for administration
- Expressed Breast Milk (EBM) or oral sucrose 24%
- Gloves
- 0.9% sodium chloride
- Sterile cotton ball

#### 3.2 Clinical Practice

1. Ensure the correct eye drops have been prescribed.
2. Check the medication with another RN/RM.
3. Perform hand hygiene.
4. Give expressed breast milk (preferred) or oral sucrose for pain management.
5. Perform hand hygiene and put on gloves.
6. Clean away any crusty deposits of discharge with sterile cotton ball and 0.9% sodium chloride.
  - Clean outwards from the corner of the eye next to the nose.
  - Use a clean piece of cotton wool for each wipe.
7. Use index finger to pull the lower eye lid downward while the other hand holds the eye drops
8. Apply the eye drops to the eye/s (Picture 1).



Picture 1

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9. Place a finger on the upper eye lid and gently massage.
10. Wipe away any excess eye drops with cotton wool.
11. Settle the infant after administration.
12. Dispose gloves and perform hand hygiene.
13. Complete documentation on eRIC.

### 3.3 Educational Notes

- A written parental consent is required for the use of Cyclomydril eye drops when Retinopathy of Prematurity (ROP) examination is performed by the ophthalmology team.
- Refer to Eye – Preparing the neonate for eye examination CBR if no consent obtained for Cyclomydril eye drops.

### 3.4 Abbreviations

EBM	Expressed Breast Milk	ROP	Retinopathy Of Prematurity
eRIC	Electronic record for intensive care		

### 3.5 References

1. The Royal Childrens' Hospital, Melbourne. Clinical Guidelines. [Clinical Practice Guidelines : Eye Examination \(rch.org.au\)](https://www.rch.org.au) (accessed: 17/11/2023)
2. Hockenberry M, Wilson D, Winkelstein M, Kline N. Wong's Nursing Care of Infants and Children. 7th Edition. Mosby, USA. (2003)
3. Eye Emergency Manual. ACI. (2009) [Ocular pharmacology - Education session eight \(nsw.gov.au\)](https://www.nsw.gov.au) (accessed: 17/11/2023)

## 4. RELATED BUSINESS RULES AND POLICY DOCUMENTS

- RHW NCC Nursing CBR - Eye – Preparing the neonate for eye examination.

## 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 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.

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### 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

### 9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
16/4/2010	1	J Blaeck (RN); NCC Policy/Procedure Working Group
2/10/2014	2	D Cooper (CNS); NCC Policy/Procedure Working Group
17/7/2018	3	J Blaeck (NUM); NCC Policy/Procedure Working Group
17/11/2023 20.5.24	4	J Michalowski (CNS); RHW NCC CBR committee BRGC