

PREPARING THE NEONATE FOR EYE EXAMINATION

This LOP 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 Local Operations Procedure (LOP).

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INTRODUCTION

Retinopathy of prematurity (ROP) is a condition due to abnormal growth of blood vessels in the baby's eye. This is commonly seen in babies who are very premature. In normal development, blood vessels grow from the back central part of the eye (the retina) out toward the edges. This process is completed just a few weeks before the normal time of delivery. In premature babies this process is interrupted. If blood vessel growth proceeds normally, the baby does not develop ROP. If the vessels grow and branch abnormally the baby has ROP.

1. AIM

- To prepare the neonate for an eye examination

2. PATIENT

- Newborns

3. STAFF

- Medical and nursing staff

4. EQUIPMENT

- Expressed breast milk or oral sucrose
- Sterile eye speculum and depressor
- Medication chart
- Consent for Cyclomydril (If no consent for Cyclomydril use Cyclopentolate and Phenylephrine)

NOTE: The Nurse Unit Manager provides a list of infants due for screening on a weekly basis to the Ophthalmologist.

Eye check should be performed on the following infants who are <32 weeks at birth and:

- 4-6 weeks postnatal age
- or 31-32 weeks gestation (whichever is later)
- Follow up examinations and frequency of review are at the discretion of the on-call Ophthalmologist

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August 2018

PREPARING THE NEONATE FOR EYE EXAMINATION cont'd

CLINICAL PRACTICE

Procedure:

1. Identify the correct infant for the eye check.
2. Ensure eye drop/s for examination are prescribed.
3. Obtain sterile eye speculum and depressor from locked green cupboard in medication room (Picture 1).



Picture 1

Prior to and During Eye Examination

4. Administer eye drops at least 30 minutes before ophthalmologist arrives as per procedure manual.
5. Administer expressed breast milk (preferred) or oral sucrose.
6. Wrap infant securely in a blanket and administer oxygen if required.
7. Position the infant in a comfortable position. The infant needs to be held securely.
8. Assess the infant throughout the procedure for cyanosis, apnoea and/or bradycardia.

Post Eye Examination

9. Settle infant after the examination.
10. Monitor infant for potential reaction/s.
11. The Ophthalmologist records the results of the examination on the Neonatal Eye Examination Record form. Further review or appointments are also indicated on this form.
11. Send used speculum and depressor to CSSD for cleaning and sterilising after the procedure.

5. DOCUMENTATION

- eMR nursing notes
- Neonatal Observation Chart
- NICUS database

6. RELATED POLICIES/PROCEDURES/CLINICAL PRACTICE LOP

- Eye – Administration of eye drops to the neonate

7. RISK RATING

- Low

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8. NATIONAL STANDARD

- Standard 1 Governance for Safety and Quality in Health Service Organisation
- Standard 4 Medication Safety
- Standard 5 Patient Identification and Procedure Matching

9. ABBREVIATIONS AND DEFINITIONS OF TERMS

NCC	Newborn Care Centre	ROP	Retinopathy of Prematurity
LOP	Local Operations Procedure	CSSD	Central Sterile Services Department

10. REFERENCES

- The Royal Children's Hospital, Melbourne. Clinical Guidelines (Nursing). Neonatal Eye Examination on the Newborn Intensive Care Unit Butterfly Ward. Updated June 2017. https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Neonatal_Eye_Examination_on_the_Newborn_Intensive_Care_Unit_Butterfly_Ward/
- 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.

11. AUTHOR

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