

ROYAL HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURES

CLINICAL POLICIES, PROCEDURES & GUIDELINES MANUAL

Approved by

Quality & Patient Safety Committee

18/8/11

STICKY EYE CARE FOR NEONATES

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Manage neonates with sticky eyes
- Decompress nasolacrimal sac

2. PATIENT

- All neonates with sticky eyes

3. STAFF

- Registered Midwives
- Student Midwives
- Registered Nurses
- Paediatric doctors

4. EQUIPMENT

- Cotton wool – non sterile
- Normal saline
- Gloves

5. CLINICAL PRACTICE

- Hand hygiene then don gloves
- Apply pressure on the nasolacrimal sac/medial canthus (inner part of eye near nose) for few seconds to decompress it. The discharge will come up through canaliculi which can be wiped with a cotton ball and saline. Sometimes the decompression can force the discharge into the nose unplugging the obstruction
- Perform 2-3 second decompression with each breast feed until resolution of sticky eyes
- Review by Paediatric doctor if eye is red or very purulent discharge
- Take eye swab prior to treatment commencing
- Do not clean eye prior to taking swab
- Remove gloves and perform hand hygiene
- Prescribe Chloramphenicol eye drops (not ointment) and use 1-2 drops in affected eye(s) for 3-4 times per day for four (4) days
- Ensure antibiotics are stopped after four (4) days if discharge continues and refer neonate to the Paediatric doctor
- Follow up required with Ophthalmologist if :
 - Glaucoma suspected (Discharge more watery than sticky, photophobia, large eyes, boys>girls)
 - Parents request consultation

6. DOCUMENTATION

- Neonatal Care Plan
- Neonatal Clinical Notes
- Neonatal Medication Chart

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STICKY EYE CARE FOR NEONATES cont'd**7. EDUCATIONAL NOTES**

- Most newborns do not need routine eye care
- 20% of all newborns have a degree of nasolacrimal duct obstruction, 96% resolve with no formal treatment in the first year of life, with proportionally more resolution in the earlier months
- Complications are rare : true conjunctivitis 2% (i.e. the eye being red, not just sticky and mucky), true dacryocystitis < 1:1000

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Nil

9. REFERENCES

- 1 Personal communication with Dr. Kimberley Tan Paediatric Ophthalmologist