

EYE DROPS - ADMINISTRATION

THE ROYAL HOSPITAL FOR WOMEN - PROCEDURE GUIDELINE

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(3 years default) DATE REVISED 02/10/2014	REVISED BY CNS D.Cooper			
APPLICABLE TO	Newborn Care Centre Staff – Nursing & Medical			
IMPLICATIONS	To be included in induction training of all new nursing staff.			
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APPROVED BY: NCC Quality Committee on 13/10/2014				
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ABBREVIATIONS & DEFINITIONS OF TERMS				
MO	Medical Officer	RM/N	Registered Midwife/Nurse	

ALERT

Written Parental consent must be obtained for Cyclomydril.

INTRODUCTION

AIM:

To appropriately administer eye drops to a neonate

EQUIPMENT

- Oral sucrose
- Gloves
- Medication chart with eye drops ordered to be administered
- Prescribed eye drops for administration

PROCEDURE

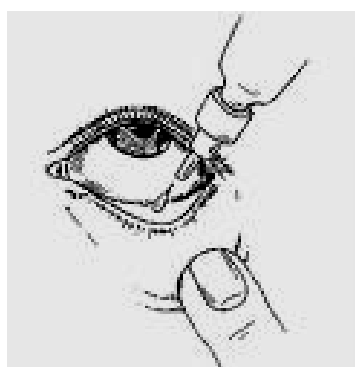
1. Identify that the eye drops have been prescribed by the MO.
2. Obtain the appropriate eye drops.
3. Check the medication with a RN/RM.
4. Wash hands and put on gloves.
5. Give sucrose and swaddle the infant if possible.

Eye Checks For Retinopathy of Prematurity:

- Administer the drops when the ophthalmologist contact NCC to inform that he is on his way to the Unit.

**NOTE: Consent from parent/s is required for Cyclomydril
If consent is not provided for Cyclomydril – Use 0.5% Cyclopentolate and 2.5% Phenylephrine.**

- Clean the infant’s eye/s with normal saline before administering the eye drops.
- Wrap the infant to secure the infant’s arms and legs. Ensure the neonate is supine.
- One finger of a hand is used to pull the lower eye lid downward while the other hand holds the dropper and rests on the head.
- As the lower lid is pulled down the solution is applied to this area (Picture 1)



Picture 1

- Place a finger on the upper eye lid and gently massage.

NOTE: Excess eye drops on the infant’s skin should be wiped away with sterile cotton ball to avoid potential skin irritation.

- Settle infant appropriately after administering eye-drops.
- Dispose gloves and wash hands.
- Sign the prescription chart after administration.

RATIONALES	
Rationale 1	To ensure the infant is getting the correct drops.
Rationale 3	To verify correct order
Rationale 4	To adhere to the 5-Moments of Hand Hygiene.
Rationale 5	To minimise discomfort.
Rationale 6	To ensure adequate time for the drops to take effect in readiness for the eye examination.
Rationale 7	To ensure the infant’s eye/s are clean.
Rationale 8	To provide comfort and reduce the possibility of trauma if the infant is struggling/agitated or dropping the medication on the face.
Rationale 9	Allows for easy application of eye drop/s
Rationale 11	To disperse and spread the eye-drop in the eye.
Rationale 12	Ensure the infant is in comfortable state post-eye drops.

Rationale 13	To adhere to the 5-Moments of Hand Hygiene.
Rationale 14	To record dispensing of medication.
Rationale 15	To provide data for reference.

References

The Royal Childrens' Hospital, Melbourne. Clinical Guidelines. http://www.rch.org.au/rchcpg/index.cfm?doc_id=9502

Hockenberry, M., Wilson, D., Winkelstein, M., and Kline, N. *Wong's Nursing Care of Infants and Children*. 7th Edition. Mosby, USA. (2003).

Image: www.retinaphysicians.com/vrs-postop-vitreo.htm