

## **STICKY EYE CARE FOR A NEONATE**

*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 neonate with sticky eye(s)
- Decompress nasolacrimal sac

### **2. PATIENT**

- Neonate with sticky eye(s)

### **3. STAFF**

- Midwifery, nursing and medical staff

### **4. EQUIPMENT**

- Cotton wool, non-sterile
- Normal saline
- Gloves
- Swab

### **5. CLINICAL PRACTICE**

- Discuss eye care with parents and gain consent
- Perform hand hygiene and then put on gloves
- Apply pressure on the nasolacrimal sac/medial canthus (inner part of eye near nose) for a few seconds to decompress it. The discharge will come up through canaliculi which can be wiped with a cotton ball and saline. Wipe from the inside of the eye out once only. Perform decompression for 2-3 seconds at each feed until resolution
- Review by paediatric medical officer if eye is red or very purulent discharge
- Perform hand hygiene and put on gloves if eye swab is required
- Do not clean eye prior to taking swab
- Take eye swab prior to commencing treatment
- Remove gloves and perform hand hygiene
- Prescribe chloramphenicol eye drops (not ointment) and administer 1-2 drops in affected eye(s) for 3-4 times per day for four (4) days
- Ensure antibiotic eye drops are stopped after four (4) days. If discharge continues seek further paediatric team review
- Follow up required with Ophthalmologist if:
  - Glaucoma suspected (Discharge more 'watery' than 'sticky', photophobia, large eyes, boys>girls)
  - Parents request consultation

### **6. DOCUMENTATION**

- Medical Record
- Neonatal Medication Chart

### **7. EDUCATIONAL NOTES**

- Most neonates do not need routine eye care
- Over 5% of neonates have symptoms of nasolacrimal duct obstruction, with approximately 90% resolving without formal treatment in the first year of life
- Nasolacrimal duct obstruction typically occurs unilaterally
- Complications are rare:
  - true conjunctivitis 2% (i.e. the eye being red, not just sticky)
  - true dacryocystitis < 1:1000

## STICKY EYE CARE FOR A NEONATE cont'd

### 8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Nil

### 9. RISK RATING

- Low

### 10. NATIONAL STANDARD

- Standard 5 - Comprehensive Care

### 11. REFERENCES

- 1 American Association for Paediatric Ophthalmology and Strabismus (2018) *Nasolacrimal Duct Obstruction* at <https://aapos.org/terms/conditions/72> (Accessed 20 July 2018)
- 2 Karti, O., Korahan, E., Aean, D. & Kusbeci, T. (2016) The Natural Process of Nasolacrimal Duct Obstruction and effect of lacrimal sac massage, *International Ophthalmology*, Vol 36, No. 6, p.845-849.
- 3 Royal Children's Hospital Melbourne (2011) Nasolacrimal duct obstruction sticky and-or watery eye at [https://www.rch.org.au/kidsconnect/prereferral\\_guidelines/Nasolacrimal\\_duct\\_obstruction\\_sticky\\_andor\\_watery\\_eye/](https://www.rch.org.au/kidsconnect/prereferral_guidelines/Nasolacrimal_duct_obstruction_sticky_andor_watery_eye/)

### REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs 14/8/18  
Approved Quality & Patient Safety Committee 18/8/11  
Reviewed and endorsed Obstetrics Guidelines Group 16/8/11  
Approved Quality Council 16/2/10

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