

Reference Number: UHBOBS134 Version Number: 4	Date of Next Review: 06/10/2021 Previous Trust/LHB Reference Number:
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Maternity Guidelines

Nursing Care of an Infant with Sticky Eyes

Introduction

'Sticky eyes' are common in newborn babies and does not always indicate infection. In most cases, it normally clears up on its own and simple eye care will suffice. The signs of sticky eye can sometimes be confused with Conjunctivitis. This can present as yellowy green sticky discharge, which can be passed on easily. Management will depend on the degree of discharge and any associated Conjunctivitis. Any signs of purulent discharge requires attention, investigation and treatment.

Objectives

- For all neonates with sticky eye to be cared and treated for appropriately
- Ensure that all relevant documentation is complete so that infection rates can be monitored.

Scope

This policy applies to all healthcare professionals in all locations including those with honorary contracts

Equality Health Impact Assessment	<i>An Equality Health Impact Assessment (EHIA) has not been completed.</i>
Documents to read alongside this Procedure	<i>Guideline will be incorporated into the Postnatal Care Guidelines</i>
Approved by	<i>Maternity Professional Forum</i>

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	Jan 2006	Jan 2006	New Document
2	Jan 2009	Jan 2009	
3	Dec 2011	Feb 2012	Reviewed and Amended by T Barker
4	Oct 2019	17/10/2019	Reviewed and Amended by Lynette Rowlands and Julie Pellatt

Implementation

IDENTIFY

- Puffy eyes – No treatment required. Reassure parents
- Moist/sticky eyes – If no discharge or crusting, eye care with 0.9% Saline (see below)
- Mild inflammation and discharge – Eye swab (Charcoal). Eye care with 0.9% Saline if ≥ 24 hours old. If the problem persists for ≥ 48 hours, treat with medication and continue eye care
- Severe/purulent discharge -Eye swab with urgent Gram stain for Gonococcus. Consider IVABs and Chlamydia swab if ≥ 5 days old

CLEANSE

Eye care

- Hand hygiene as per guidelines
- Explain to parents and gain consent
- Explain procedure and teach parents

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- Prepare 0.9% Normal Saline, cotton wool and gloves
- Pour Saline directly onto the cotton wool
- Use a cotton wool swab once only, then discard after each wipe. Cleanse from inner corners of affected eye, outwards until clean
- Lie baby on affected side. This will reduce the risk of cross infection to unaffected eye
- Reassure parents and give opportunity to ask questions
- Repeat hand hygiene

SCREEN

- Gain consent from parents
- Good hand hygiene
- Take a swab from each eye (labelling left and right accordingly)
- Ensure results of swabs have been reviewed and documented to ensure baby is receiving the correct treatment
- Perform eye care after collection of specimen
- Hand hygiene

TREAT

- Topical eye treatment medication must be prescribed on the Neonatal Drug Chart
- Treatment must be labelled with a name and Left and Right for each eye
- All treatment needs to be checked by two Registered Staff

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- Good hand hygiene
- Perform eye care
- Instill eye medication
- Reassure and teach parents as above
- Hand hygiene

Conjunctivitis is the most common cause of neonatal eye infection, and bacteria is the most likely cause if within 2-5 days of birth

Gonococcal Conjunctivitis

Presents early usually with 24-48hrs as green discharge and red swollen eyes. This infection can be severe, and it is important to investigate and treat to prevent the infection spreading. Topical treatment alone will be ineffective. A positive result will require IV Cefotaxime. Consider simultaneous Chlamydia infection

Chlamydia Conjunctivitis

Present 5-14 days after birth, as watery discharge later becoming purulent. Topical treatment alone will be ineffective. Will require antibiotic treatment

Herpes Simplex Conjunctivitis

Presents 5-14 of birth, causing nonpurulent serous discharge. Treat with Acyclovir

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As Neonatal eye care research appears to be limited, information for this guideline has been gathered nationally from an array of clinical guidelines in other units.