

Document Title: Sticky Eyes in Neonates	< 1 > of < 5 >	Approval Date: 30 <sup>th</sup> June 2024
Reference Number: UHBOBS134		Next Review Date: 30 <sup>th</sup> June 2027
Version Number: 4		Date of Publication: 30 <sup>th</sup> June 2024
Approved By: MPF, Q&S		

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## Sticky Eyes in Neonates

### 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 require 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

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

<b>Accountable Executive or Clinical Board Director</b>	<i>Jason Roberts, Executive Nurse Director</i>

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<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
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
5	May 2024	May 2024	Reviewed by Tanith Parsons Jones – No updates made Addition by A Gower – Community pathway

*“We recognise maternity and gynaecological services will be accessed by women, gender diverse individuals and people whose gender identity does not align with the sex they were assigned at birth. Therefore, we believe delivery of care must always be appropriate, inclusive and sensitive to the needs of everyone.” (RCOG, 2022)*

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## Identification

- 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  $\geq 24$  hours old. **If the problem persists for  $\geq 48$  hours or appears  $\geq 5$  days after birth (regardless of clinical area, including Community/at home), refer to GP or Neonatal colleagues for review and treatment with medication. Continue eye care.**
- Severe/purulent discharge requires an eye swab with urgent Gram stain for Gonococcus. Consider IVABs and Chlamydia swab if  $\geq 5$  days old. **In cases of purulent/severe discharge at  $>5$  days old should be a referral to GP for swab for further investigation**

## Cleanse Eyes

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

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

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**Conjunctivitis** is the most common cause of neonatal eye infection, and bacteria is the most probable 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 it 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 non-purulent serous discharge. Treat with Acyclovir. As Neonatal eye care research is limited, the information for this guideline has been gathered nationally from numerous clinical guidelines in other areas.