



## CLINICAL PRACTICE GUIDELINE

# Neonatal care: Eye infections

This document should be read in conjunction with the [Disclaimer](#)

## Background information

Conjunctivitis is the most common neonatal infection, and bacterial infection is the most likely cause if it occurs within 2-5 days of birth. Refer to Neonatology guideline [Sepsis: General Management and Treatment](#): Conjunctivitis (p2).

Other causes that may mimic conjunctivitis such as foreign bodies, lacrimal duct obstruction, trauma and glaucoma should be excluded.<sup>1</sup>

## Definitions and management

### 'Moist eyes'

- The eyelids may be oedematous and moist but there is no stickiness and no crusting of the lids. This is usually bilateral and simple sterile eye toiles should be given to these neonates.

### 'Sticky eyes'

- Mild eye infections are referred to as 'sticky eyes'. Frequent eye cleansing with sterile cotton wool moistened with normal saline may be all that is required.<sup>2</sup>
- **Note: If there are any doubts about eye discharge / infection with possible purulent discharge, inform the paediatric team immediately.**

### Purulent eye infection (conjunctivitis)

- Purulent discharge from eyes may result from congenital or acquired infection.
- Perform eye toilet and inform the paediatrician/paediatric Registrar or RMO.  
**Note: If there are any doubts about eye discharge / infection with possible purulent discharge inform the paediatric team immediately.**
- See also Conjunctivitis (p.2) within Neonatology guideline [Sepsis: General Management and Treatment](#).

## Eye toilet

### Equipment

- Sterile cotton balls
- Sterile sodium chloride 0.9%
- Non sterile gloves

### Procedure

1. Explain the procedure to the mother/parents.
2. Perform hand hygiene
3. Open the cotton wool balls and pour the sodium chloride over them
4. Perform hand hygiene
5. Put on a pair of non-sterile gloves
6. Clean the least effected eye first
7. Gently wipe across eyelids starting at the inner canthus and moving laterally to the outer canthus. Discard the swab after one sweep. Continue until the eyelids appear clean.<sup>3</sup>
8. Perform hand hygiene
9. Document

## Specimen collection

Refer to [Neonatology Guideline: Sepsis: General Management and Treatment](#) for instruction regarding collection of bacterial / viral eye swabs.

- Specimens are collected from each eye
- Perform an eye toilet after collection of the swabs

## Treatment of eye infections

- Refer to [Neonatology Guideline: Sepsis: General Management and Treatment](#): Conjunctivitis (p.2). Also see [Neonatal Medication Protocols](#): A-Z for individual antibiotic treatment.
- Perform eye toilet prior to administering eye medications.
- Provide verbal instructions to the mother about the technique of instilling eye medication, the expiry date of the medication, storage, and hygiene measures prior to discharge if the treatment has not been completed.

## References

1. Gomella TL, Cunningham MD, Eyal FG. Eye Discharge (Conjunctivitis). In: Gomella TL, Cunningham MD, Eyal FG, Tuttle D, editors. Neonatology. Management, Procedures, On-Call Problems, Diseases, and Drugs. 6th ed. Sydney: The McGraw-Hill Companies; 2009. p. 277-81.
2. Siderov J. The newborn eye: visual function and screening for ocular disorders. Examination of the Newborn and Neonatal Health. A Multidimensional Approach. Philadelphia: Churchill Livingstone; 2008. p. 183-95.
3. Bates C. Infection. In: Macdonald S, Magill-Cuerden J, editors. Mayes' Midwifery. 14th ed. Sydney: Bailliere Tindall; 2011. p. 689-98.

## Related WNHS policies, procedures and guidelines

### Neonatology:

- [Sepsis: General Management and Treatment: Conjunctivitis](#)
- [Sepsis: Infection of the Neonate](#)
- Pharmacy: [Neonatal Medication Protocols](#): A-Z for individual antibiotic treatment

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