10 CARE OF NEONATE

10.5 COMPLICATIONS OF THE NEONATE

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10.5.1.1 Eye infections in the neonate
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10.5.1 NEONATAL SEPSIS

10.5.1.1 EYE INFECTIONS IN THE NEWBORN

The eyes of all babies after birth become contaminated but only become infected when there is impaired drainage of the tears - from stagnation, from inactive movement of the eyelids, with blockage of the nasolacrimal duct or pressure from eye pads in babies who are receiving phototherapy. Strong birth pressure on the head may cause not only oedema of the eyelids but also compression of the face with easily detectable nasal septal deformity. This compression might involve the nasolacrimal duct.

DEFINITIONS

'PUFFY EYES'

Both upper and lower eyelids are oedmatous so that the conjunctives are not visible. There are no extra secretions. This is usually bilateral and no treatment is required.

'MOIST EYES'

The eyelids may be oedematous and moist but there is no stickiness and no crustin of the lids. This is usually bilateral and simple sterile saline eye toilets should be given to these babies.

'STICKY EYES'

The swelling of the lids is often not as pronounced but the lids tend to be stuck together by a sticky secretion. This may be unilateral or bilateral. Eyes' swabs should be collected and active treatment with antibiotic eye drops given.

'PURULENT EYE INFECTION'

This may be the end result of the baby who initially had only a 'puffy' then a 'moist' and then a sticky eye. The condition generally does not cause trouble until 36 - 48 hours after birth. Eye swabs should be ordered.

Acute eye infection, which is present from birth or arises in the first 24 hours, may be due to overwhelming direct contamination of the eye, usually due to the gonococus and must be treated as gonococcal eye infection until proven otherwise. An eye swab is taken and sent for immediate examination.

EYE TOILET

EQUIPMENT

- Sterile cotton balls
- Sachet sterile normal saline

PROCEDURE

1. Explain procedure to mother of baby if present.
2. Open cotton balls and pour in saline.
3. Clean least affected eye first.
4. Gently wipe across eyelids starting and the inner canthus and moving laterally to outer canthus until eyelids appear clean. Do not attempt to force eyelids open.
5. Nurse infant on the side of the affected eye.
6. Document procedure.

TREATMENT OF EYE INFECTIONS

Saline eye toilets are to be carried out prior to instillation of eye drops. In the case of purulent eye infection, following eye toilet, gentle massage of the lacrimal duct should be performed, followed by another eye toilet. Massage of the lacrimal duct itself can produce inflammation and swelling from undue pressure and this procedure need only be continued if exudate can be expressed.

Eye drops are ordered by Medical Officerm commenced immediately following collection of swabs.

SPECIMEN COLLECTION

(for special instructions refer to Laboratory Manual)

- Eye swabs from babies with suspected eye infection should be requested after the baby has been seen by a Clinician.
- Do not collect superficial exudate on the lids.
- Discharge should be collected by gently everting the lower lid and rolling the swab moistened with sterile saline along the conjunctivo.
- Specimens are collected separately from each eye.

NOTE: Specimen collection is always followed by an eye toilet.