

# WOMEN'S HEALTH PROGRAM & CHILD HEALTH PROGRAM

#### PRACTICE GUIDELINES

TRICTICE GUIDEENCES		
Title: Newborn: Prophylaxis with Erythromycin Eye Ointment	Approved Date: June 2000	Revised Date: May 2014
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Program Director, Women's Health		

#### 1.0 **PURPOSE:**

1.1 To prevent neonatal ophthalmia by the administration of erythromycin eye ointment.

## 2.0 <u>DEFINITIONS:</u>

- 2.1 Neonatal ophthalmia: a serious eye infection causing corneal ulceration and even permanent visual impairment, from any cause, occurring within 4 weeks of birth.
- 2.2 Erythromycin eye ointment: a macrolide antibiotic applied prophylactically to inhibit bacterial protein synthesis from a number of organisms, including *Neisseria gonorrhoeae* and *Chlamydia trachomatis*.

#### 3.0 BACKGROUND

- 3.1 Neonatal gonococcal ophthalmia is a serious infection, causing corneal ulceration and even permanent visual impairment.
- 3.2 To protect against neonatal gonococcal conjunctivitis, prophylaxis at birth with topical erythromycin, tetracycline, or silver nitrate is recommended. Use of erythromycin may also confer some protection against chlamydial conjunctivitis, avoids the theoretical risks of tetracycline, and may be less irritating to the eyes than silver nitrate, which can cause a chemical conjunctivitis.

#### **4.0 PRACTICE GUIDELINES:**

- 4.1 Administer prophylactic treatment with erythromycin 0.5% eye ointment to all newborn infants, including infants born by cesarean section.

  EXCEPTION: very premature infants whose eyelids are fused at the time of birth
- 4.2 Administer prophylaxis within the first hour of life.
- 4.3 Use a new tube of ointment for each infant.
- 4.4 Infants with established gonococcal disease require systemic treatment.
- 4.5 If parent(s) refuse administration, the infant's primary health care provider discusses risks/benefits of erythromycin eye ointment with parent(s) and documents discussion in infant's medical record. After discussion, if parent(s) still refuse, document refusal next to physician's order and in pre-printed medication administration record (MAR)

#### **5.0 PROCEDURE:**

- 5.1 Use a cotton-tipped applicator or cotton gauze soaked in normal saline; gently wipe each eyelid from the inner to outer canthus to remove foreign matter. Do not use cotton balls as they can deposit fibers in the eye. Wipe across each eyelid 2-3 times, or until any discharge has been removed; use new gauze / applicator for each eye. See HSC Policy 80.120.507 Eye Care: Patients with Compromised Blink Reflex or similar document at St. Boniface Hospital
- 5.2 Gently pull lower eyelid downwards and instill 0.5-1 cm ribbon of erythromycin 0.5% eye ointment into each conjunctival sac.
- 5.3 Massage closed eyelids gently to spread ointment. After one (1) minute, wipe away

- any excess ointment with gauze; use new gauze for each eye.
- 5.4 The eyes should not be irrigated following instillation as this can reduce efficacy of prophylaxis.

## **REFERENCES:**

- 6.1 American Academy of Pediatrics. Prevention of Neonatal Ophthalmia. In: Pickering LK, ed. *Red Book: 2009 Report of the Committee on Infectious Diseases.* 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:827-828.
- 6.2 Canadian Paediatric Society, Infectious Diseases and Immunization Committee. Recommendations for the prevention of neonatal ophthalmia. ID02-03. *Paediatr Child Health* 2002;7(7):480-3.
- 6.3 Canadian Pharmacists Association. Compendium of Pharmaceutical and Specialties, online version (e-CPS); 2011.
- 6.4 Health Canada. Family-Centered Maternity and Newborn Care: National Guidelines. Minister of Public Works and Government Services, Ottawa 2000.

### 7.0 RESOURCES:

- 7.1 Assistant Medical Director Intermediate Care Nursery, Women's Hospital, Child Health Program, WRHA
- 7.2 Clinical Educator Postpartum and Normal Newborn Units, Women's Hospital, Women's Health Program, WRHA.
- 7.3 Clinical Resource Pharmacist, Pediatrics/Neonatology & Women's Health, Children's Hospital, Child Health Program, WRHA.