

105 CMR: DEPARTMENT OF PUBLIC HEALTH

105 CMR 370.000: PROPHYLACTIC REMEDY FOR USE IN THE EYES OF INFANTS

Section

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370.001: Purpose

105 CMR 370.000 governs treatment of the eyes of infants with prophylactic remedies at birth.

370.002: Authority

105 CMR 370.000 is adopted under authority of M.G.L. c. 111, § 109A.

370.003: Citation

105 CMR 370.000 shall be known, and may be cited as 105 CMR 370.000: *Prophylactic Remedy for Use in the Eyes of Infants*.

370.100 Approved Prophylactic Remedies

The following remedies are approved for use in the protection of the eyes of the newborn:

- (A) Silver nitrate solution (1%) in single dose ampules,
- (B) Erythromycin (0.5%) ophthalmic ointment or drops in single-use tubes or ampules,
- (C) Tetracycline (1%) ophthalmic ointment or drops in single-use tubes or ampules.
If the ampule which is used must be broken, it shall not be made of glass or other shatterable material which might cause injury to the eye.

370.200 Standard Treatment Procedures

The following procedures should be followed for the protection of the eyes of the newborn against infection.

- (A) Prophylaxis agents should be given to the infant within two hours after birth.
- (B) Prophylaxis should be applied as follows:
 - (1) Silver nitrate
 - (a) Carefully clean eyelids and surrounding skin with sterile cotton, moistened with sterile water.
 - (b) Gently open the infant's eyelids and instill two drops of silver nitrate on the conjunctival sac. Allow the silver nitrate to run across the whole conjunctival sac. Carefully manipulate lids to insure spread of the drops. Repeat in the other eye.
 - (c) After one minute, gently wipe excess silver nitrate from eyelids and surrounding skin with sterile cotton. *Do not irrigate eyes.*
 - (2) Ophthalmic ointment (erythromycin or tetracycline)
 - (a) Carefully clean eyelids and surrounding skin with sterile cotton, which may be moistened with sterile water.

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- (b) Gently open baby's eyelids and place a thin line of ointment, at least ½ inch (1-2 cm), along the junction of the bulbar and palpebral conjunctiva of the lower lid. Try to cover the whole lower conjunctival area. Carefully manipulate lids to insure spread of the ointment. *Be careful not to touch the eyelid or eyeball with the tip of the tube.* Repeat in other eye. Use one tube per infant.
- (c) After one minute, gently wipe excess ointment from eyelids and surrounding skin with sterile cotton. *Do not irrigate eyes.*
- (3) Ophthalmic drops (erythromycin or tetracycline) Apply as silver nitrate (105 CMR 370.200(B)(1)).

(C) The importance of performing the instillation so the agent reaches all parts of the conjunctival surface is stressed. This can be accomplished by careful manipulation of the lids with fingers to insure spreading of the agent. Since corneal abrasions promote ulceration in the presence of the gonococcus, great care must be taken to avoid conflict between the cornea and the finger manipulating the eyelids. If medication strikes only the eyelids and lid margins, but fails to reach the cornea, the instillation should be repeated.

(D) The eye should not be irrigated after instillation of a prophylactic agent. Irrigation may reduce the efficacy of prophylaxis and probably does not decrease the incidence of chemical conjunctivitis.

(E) Secure the services of an ophthalmologist upon the first appearance of suppurative conjunctivitis and insist upon a bacteriological report on the conjunctival secretions.

REGULATORY AUTHORITY

105 CMR 370.000: M.G.L. c.111, § 109A.