

Developmental Care Guidelines for Light

Aim

Vision is the last senses to mature, completed around one year of postnatal age. Inability of the preterm infant to reflexively protect his/her eyes when exposed to bright light may predispose the infant to photo retinitis and other ophthalmologic morbidity. The aim of this guideline is to recognise factors that influence the development of the eye and provide care that minimises postnatal damage from light sources.

Action	Rationale
Maintain lighting levels at around 200-300(moderate room lighting).	To protect babies from bright lighting and allow observation of babies for safe practice.
Use individual lighting for procedures where possible.	To protect other babies from bright light.
Use incubator covers for babies below 35week/sick/neurologically compromised. Ensure that corner/flap is always up.	To minimise lighting in the infant's microenvironment and allow observation of babies for safe practice.
Provide adequate eye protection for infants who are receiving phototherapy, and those infants in adjacent incubators/cot.	To prevent excess light entering infant's eye.
Shield the infant's eyes from bright light during any procedures such as iv insertions blood sampling, admissions etc.	Same as above.
Cover infant's eyes with a phototherapy mask after eye examination for at least 6 hours.	To protect infants from intense pain caused by excess light entering dilated pupil.
Use dimmer switches where available	To avoid sudden change in lighting levels.
Reduce lighting levels if baby's behavioural or physiological cues indicate stress.	To promote optimal extra uterine development.
Use nightlights and natural lighting wherever possible.	To allow diurnal pattern to develop.

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Guideline

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