

**GUIDELINES FOR:  
 RETINOPATHY OF PREMATURITY SCREENING**

<b>Amendments</b>			
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**ASHFORD & ST. PETER'S HOSPITAL NHS TRUST**

**GUIDELINES FOR:  
RETINOPATHY OF PREMATURE SCREENING**

**1. INTRODUCTION**

Retinopathy of Prematurity (ROP) is an eye condition which affects the blood vessels of the retina. All babies born below 32 weeks gestation or less than 1501gm at birth will be screened for retinopathy of prematurity, by an ophthalmologist.

The first screen will take place:

<26+6 weeks gestation - between 30-31 weeks gestation

27-32 weeks gestation – between 4-5 weeks postnatal

<1.5Kg at any gestation - 4-5 weeks postnatal.

ROP is common in premature babies affecting 65% of babies less than 1251gm birth weight. In the majority of cases the condition is mild and requires no treatment, but in the most severe cases it can seriously affect a baby's sight and even cause blindness. Retinopathy of Prematurity screening is a very important procedure for early identification and treatment of this serious condition.

**2. AIMS**

The aim is to provide modification to the environment to ensure that the baby is protected and remains in a comfortable state, and to ensure that a member of staff is available to support the baby pre and post procedure.

**RETINOPATHY OF PREMATURE SCREENING**

Action		Rationale			
Parents					
Explain the procedure, the reason for it and the baby's possible reaction. Provide information leaflet.		Parents will find it helpful to understand that the baby's reactions are likely to be to discomfort than pain.			
Give the parents the choice of whether or not to stay with their baby.		It can help some parents to feel less anxious if they can anticipate what will happen, and be there during the procedure.			
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Preparation	
Administer appropriate analgesia prior to eye drops being administered. Use non-pharmacological pain relieving strategies e.g. sucking.	To ensure effectiveness. Sensitive support during procedure may modify amount of analgesia required.
Ensure prescribed eye drops are given at prescribed times.	To maximise the effects of the medication thereby ensuring that repeat eye drops do not have to be given.
Maintain low room lighting with no direct light on baby's face. Apply eye shields.	With pupils dilated the baby will be very sensitive to light.
Provide a calm, quiet environment e.g. soft talking and alarms silenced promptly.	These can increase the stress experienced by the baby and parents.
Offer comfort and containment by using appropriate positioning aids, wrapping and boundary support for foot bracing.	By helping the baby to remain calm the examination can be performed swiftly and without causing unnecessary distress.
Ensure that a member of staff is available to provide effective support throughout the examination and after the procedure.	Parents can have an active role in supporting their baby post procedure but would find the examination distressing.
Administer sucrose 2 minutes before examination, and continue to administer during procedure.	To try to ensure the baby is comfortable during the examination.
During the examination	
Offer the baby a dummy before, during and after the examination.	The baby may accept or reject the dummy, if they want to suck then allow a little time to settle before beginning the examination.
Approach the baby gently, letting them know that something is about to happen, by talking and touching them. Touch the baby on the face before applying lid retractors.	To prevent startled response, maintain stability and smooth transitions between states.
Pace the examination pausing if the baby becomes unstable e.g. heart rate above 200, or other stress signs such as poor colour, long pauses in breathing, flaccid tone, oxygen saturations below 85%.	To enable the baby to return to a stable state.

After the Examination	
Provide comfort. Ensure parent or caregiver remains with baby until settled. Avoid other procedures for at least one hour, longer if possible.	To support rapid return to stability. Baby's reactions may be delayed.
Apply eye shields to babies in cots, use incubator covers for babies in incubator. Eye shields should remain in place for 6 hours. Ensure that low level lighting is maintained and baby remains out of direct light.	With pupils dilated the baby will be very sensitive to light. Pupils may be dilated for >12 hours
Reposition in a well-supported position or place on parent's chest or lap.	Parents can have an active role in supporting their baby.
Inform the parents the results of the examination.	To ensure that the parents are kept fully informed of their baby's condition.

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