Purpose
To screen premature infants at the risk of development of Retinopathy of Prematurity (ROP) in order to identify those infants that require treatment in a timely fashion.

Policy Statement
The desired outcome is all that premature infants requiring treatment for ROP are identified and receive appropriate treatment to maximize their visual potential.

Applicability
All Covenant Health staff and physicians

Principles
All premature infants less than or equal to 1250 g are screened at 6 weeks chronological age. This screening consists of a dilated indirect ophthalmoscope examination by an ophthalmologist with experience in the examination of premature infants. Scheduling of follow-up exams is determined by the findings at the first examination using the International Classification of Retinopathy of Prematurity.

Procedure
1. All infants requiring screening are identified upon admission by the unit manager or unit charge nurse and referred to the Buski Eye Clinic, phone 780-450-3335. At the Grey Nuns Hospital, this is done by a weekly (Monday) fax, 780-461-9430, of both new and follow-up patients. One patient per referral sheet which includes birth gestation, birth weight, and whether it’s a consult or follow-up. For follow-ups, include date last seen. ROP fax cover sheets and referral sheets are located in the “ROP Bookings” binder.

2. Once patient list faxed, the unit clerk will patient label the “Retinopathy of Prematurity (ROP) Examination Record” form and complete the fields “birth weight”, “gestational (weeks)”, and multiple “births (Single =1, twin =2, triplet =3)”. The unit clerk will patient label a doctor’s order sheet and stamp it with the two eye drop medication stamps. The unit clerk will add these forms to the patient chart.

3. The ophthalmologist reviews on a weekly basis the names of all infants who require initial or follow-up examination. The ophthalmologist will come to the Grey Nuns Unit 32 on Tuesday or Wednesday evenings to complete the eye exam(s).

4. An order does not need to be obtained prior to arranging eye examinations. On the day the ophthalmologist expects to complete eye exam, he/she will call to the unit charge nurse to give a verbal order as to what time to administer the first set of eye drop medication. As per the medication order policy, the ophthalmologist must sign the medication order within 24 hours. Once the verbal order has been
5. Once examination completed, the ophthalmologist takes a copy of the eye examination for their records.

6. The Neonatologist and/or designate reviews the ophthalmologist’s reports.

7. The ophthalmologist will write what follow-up is required. Record time frame follow-up is required in the “ROP Bookings” binder, on patient’s tracking sheet. Follow above procedure if patient still an inpatient when follow-up due.

8. If the infant is discharged home prior to follow-up date, unit clerk will call the Buski Eye Center to notify patient is being discharged home and book follow-up appointment as an outpatient, to be completed at the Buski Eye Center.

9. If the infant requires an 8-10 month follow-up, fax the “Retinopathy of Prematurity (ROP) Examination Record” form and patient demographic sheet to the Buski Eye Center. The secretary there will then contact the University of Alberta Ophthalmology Clinic for follow-up appointment. The Ophthalmology Clinic at the University of Alberta will mail a package to the parents.

10. If the infant is transferred from another health care facility, the neonatologist or pediatrician will receive notification of the infant’s current ocular examination status. A report should be transferred with the infant.

11. If the infant is transferred to another health care facility, the neonatologist or pediatrician will notify the accepting physician of the infant’s current ocular examination status. A report should be transferred with the infant.

**Equipment**

1. Cyclopentolate 1% one drop and Phenylephrine HCl 2.5% one drop to both eyes. Give 1 hour prior to exam and 30 minutes prior to exam.

2. Tetracaine 0.5% one ophthalmic solution to be available. One drop to both eyes. Ophthalmologist will give at time of exam.

3. Sterile speculums (5), sterile depressors (8), 28D indirect lens, and indirect ophthalmoscope.

**Related Documents**

Covenant Health Corporate Policy & procedures Manual, Medication Orders, #VII-B-125

Adapted from the Northern Alberta Neonatal Intensive Care Program Regional Policy and Procedure Manual:

**References**


review of the literature. Paediatrics & Child Health; 3:173-180

Revisions
Screening for Retinopathy of Prematurity, May 2012
Signing

Original Signed

GAIL CAMERON
DIRECTOR
MATERNAL, NEONATAL & CHILD HEALTH PROGRAMS
COVENANT HEALTH
GREY NUNS & MISERCORDIA HOSPITALS

October 9, 2012
DATE

Original Signed

DR. SANTIAGO ENSENAT
MEDICAL DIRECTOR
NEONATAL PROGRAM
COVENANT HEALTH
GREY NUNS HOSPITAL

October 4, 2012
DATE